

Liability Insurance Accounting Reporting Requirements Document

Bodily Injury and Property Damage

Business Intelligence – Ryder Enterprise Warehouse Business Unit  
 Prepared by: Grace Santaballa / Lauren Berleue  
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Approved by client **< PENDING > <DATE>**

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# Revision History

The Revision History table records significant changes to the business requirements document inclusive of project scope, objectives, cost, risk, design, organization and schedule. The document will be reviewed with both clients and project team regularly through the project life cycle.

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Version #** | **Revised By** | **Details** |
| 06/15/16 | 0.0 | Grace Santaballa | Initial Draft |
| 07/13/16 | 0.1 | Lauren Berleue | Scope, Objectives, and Organization |
| 07/19/16 | 0.2 | Lauren Berleue | Reporting |
| 07/20/16 | 0.2 | Lauren Berleue  Grace Santaballa | **RELEASED TO IT TEAM** |
| 07/22/16 | 0.3 | Grace Santaballa  Lauren Berleue | Updated with feedback from Joann Chicot and Doug Quora. |
| 7/24/2016 | 0.4 | Grace Santaballa | Updated per Ann’s feedback and Grace review. |
| 7/25/2016 | 0.5 | Grace Santaballa  Lauren Berleue | Updated per follow-up meeting with Ann and clean-up for distribution  **RELEASED TO IT TEAM** |
| 8/4/2016 | 0.6 | Grace Santaballa  Lauren Berleue | Updated to include a description of the accounting location logic and a risk about Insurance Accounting validation. |
| 8/22/2016 | 0.7 | Lauren Berleue | Updated As-Is Subject Areas |
| 8/24/2016 | 0.7 | Lauren Berleue | **RELEASED TO BI&A TEAM LEADS** |
| 8/25/2016 | 0.8 | Lauren Berleue | Updated Reporting Subject Areas |
| 9/16/2016 | 0.9 | Lauren Berleue | Updated Data Elements from Bus Matrix reviews with Ann Zanetti and Doug Quora |
| 10/04/2016 | 1.0 | Lauren Berleue | Updated risks per project team discussion and feedback |
| 10/24/2016 | 1.1 | Lauren Berleue | Updated Cap Layer Logic and Future State Requirements Section |
| 10/25/2016 | 1.2 | Lauren Berleue | Updated Success Criteria and feedback per Subject Area Reviews with business |
| 11/15/2016 | 1.3 | Lauren Berleue | Added future phase requirements, updated capping logic and historical data requirements |
| 11/17/2016 | 1.4 | Lauren Berleue | **RELEASED TO INSURANCE ACCOUNTING TEAM** |
| 11/21/2016 | 1.5 | Lauren Berleue | Updated based on feedback and added reporting questions answered to subject areas |
| 12/05/2016 | 1.6 | Lauren Berleue | Updated Formatting based upon conversation with MicroStrategy teams |
| 12/07/2017 | 1.7 | Lauren Berleue | Reviewed with Insurance Accounting Team and Updated Location Hierarchy, Data Security, and Future Phase Requests with business feedback |
| 12/14/2017 | 1.8 | Lauren Berleue | Updated with Feedback from Liz Anderson and added future phase documentation as per the business. |
|  |  |  |  |

# Stakeholders

This section provides the names and roles of stakeholders and users of the deliverable who provided information included in this document.

|  |  |
| --- | --- |
| **Name** | **Role/Title** |
| Amy Wagner | VP of Risk Management, Finance |
| Lauren Benedict | Director of Insurance Accounting, Finance |
| Sue Tribby | Director of Insurance Operations & Analysis, Finance |

# Document Routing and Approval

**BUSINESS**

Sign-off indicates that the Business Champion is formally speaking on behalf of his/her business unit and indicating that the requirements presented in the Business Requirements Document have been agreed-to by the business unit and are accurate and comprehensive.

[Note: If there is mutual agreement between the business and IT to eliminate a business requirement from consideration, due to complexity, cost, or some other reason, include a special note of this agreement on this page, as well as on the Solution/Design Document.]

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|  |  |  |
| Amy Wagner | Vice President, Risk Management, Finance | Date |

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| --- | --- | --- |
|  |  |  |
| Lauren Benedict | Director, Insurance Accounting, Finance | Date |

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| --- | --- | --- |
|  |  |  |
| Sue Tribby | Director, Insurance Operations & Analysis, Finance | Date |

**BI&A**

Sign-off indicates that the BI&A Lead is formally speaking on behalf of his/her IT unit and indicat

ing that the Business Requirements Document is clearly written and in sufficient detail to allow the development team to design a complete and effective solution, along with accurate work estimates.

[Note:  The IT Lead’s sign-off does not address the “accuracy” and “completeness” of the Business Requirements Document, simply that the document is clearly written and in sufficient detail.]

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| Sal Cardozo | Group Director, BI&A | Date |

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| --- | --- | --- |
|  |  |  |
| Maria Victoria Gonzalez | Director, BI&A, Information Technology | Date |

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| Kamal Ramachandran | Director, BI&A, Information Technology | Date |

# Project Overview

## Introduction

The Insurance Accounting Liability/Property Reporting project’s objective is to transfer and update current reports relating to the Insurance Accounting team and Insurance Accounting system to Ryder data warehouse. This will allow Ryder to automate processes and capture more data related to the liability, property, and Insurance Accounting processes.

Creating a solid, functional reporting structure allows for more automated and timely data to be produced. This develops opportunities for operations, analytics and accounting teams to make more robust business decisions. Streamlining processes and consolidating data in one repository facilitates reporting and analysis of data through system interfaces and technology interventions, thus providing the team sufficient time for factual based analysis to derive business insights and mitigate cost of risk/exposures.

## Business Benefits

1. Create meaningful and timely reporting to enable business-critical decisions.
2. Enhance data analytics.
3. Empower the business by enhancing self-service reporting.
4. Provide daily, weekly, monthly, quarterly, yearly, period-over-period comparisons, and aging reporting to users.
5. Improve timeliness and accuracy, improve productivity, and decrease administrative time spent on report customization, report manipulation, and/or manual reporting.
6. Provide visibility into incident/claimant and financial level detail and trends.
7. Improve Management’s visibility of reporting.
8. Allow for more detailed data available for audit and analytical analysis (claimant, incident, vehicle, and contact level data).
9. Improved audit and actuarial analysis capabilities enabled by capturing data in more detail and consistently.
10. Robust report preparation and distribution capabilities.
11. Identify future efficiencies during the course of this project to reduce manual labor.

## Project Scope

The following items are considered in scope as part of the Liability Insurance Accounting Reporting project:

1. Creation of a data repository suitable for operational and analytical reporting sourced from the database and stored in the Ryder Date Warehouse (RDW) that houses all extracted data from iVOS, previously Pyramid, in which MicroStrategy reporting can be implemented. Incident/claim, claimant, vehicle, contact/customer, Reserve and Payment data will be available for reporting.
2. Ability to combine Insurance Accounting data with other data in the warehouse that is needed to support in scope reporting including dimensions/tables such as Ryder location hierarchy and vehicle data.
3. Validation of data, balancing, and synchronization between the OneDB database, Ryder Data Warehouse and MicroStrategy.
4. Creation of a series of reporting visualizations to support the subject area details captured in this document.
5. A self-service reporting component to allow power users to create custom extracts, reports, subscriptions, and simple dashboards.
6. A complexity analysis of Incident/claim related reports from Insurance Accounting.
7. Interface files captured in this document deemed in scope by the Data Integration team.

## Out of Scope

The following items are considered out of scope for the Liability/Property and Insurance Accounting Reporting project. Please see the Future Phase Requirements for specific requirements related to out of scope items.

1. Any reporting beyond what is identified in this document. Specifically, but not limited to:
   * Insurance Accounting Chargebacks
   * Non-Claim related processing such as reallocation
   * Reports and/or Files that are migrated, retired, or will be retired before iVOS go live date
   * General Ledger data, Accounts or Postings not specifically mentioned in this document
   * Physical Damage claims reporting will be addressed in a future phase
2. Financial activity on liability claims up to $3,000,000 is, and will be, available in iVOS.  Activity over $3,000,000 on incidents/claims will not be reflected in the iVOS system and will not be available for reporting.
3. Inter-Country Conversions for the first phase of this project is out of scope. All current reporting is separated by country and reporting in its native currency and distance. Future phases could include a currency or distance conversion to allow for combined reporting of US and Canadian claims.
4. Safety related reporting currently supported in the Lotus Notes database that is fed liability/property and insurance accounting data. The current scope for reporting does not include modifying or enhancing any of this reporting. Current interfaces and/or data files will continue to support Safety processes.
5. Historical data prior to 1995 is not being converted to iVOS and will not be available for reporting.
6. Analysis and documentation of custom reports created in the iVOS environment are out of scope.
7. Reports, data elements, and/or calculations solely found in the ‘Risk Management Quarterly Presentation’ are considered out of scope for this iteration of the project.
8. IRS 1099 reporting shall be covered by iVOS system reporting and is considered out of scope for this phase of the project as of 10/3/16. IRS 1099 related data shall be captured by RDW for audit purposes only.
9. The scope of this phase of the project does not include Ryder customers or external Ryder users accessing this data directly. If a user sends a subscription to an external customer it shall be at their own discretion regarding restricted and/or sensitive data.

## Project Risk

The following items are considered a potential risk to the Liability/Property and Insurance Accounting Reporting project. *Please see the Appendix Section for ‘Export of IA BI&A Risks’ Excel for mitigation plans, and impact & probability scores.*

1. Limited resource availability or resources with insufficient SME knowledge can affect the project scope and timeline. (Business, Ryder, IT, Vendor SMEs)
2. Ryder organizational changes, acquisition, or other internal changes could affect the Insurance Accounting Reporting project scope, budget and timeline.
3. Limited knowledge of the new and existing system.
4. Any item listed in the ‘Functionality in Flux’, decisions made on how iVOS system will be used, could affect the Liability/Property and Insurance Accounting Reporting project scope, budget and timeline.
5. Delays in finalizing desired functionality within the iVOS software process to allow the completion of the data model and determination of all data elements that will be made available can affect timelines.
6. Any limitation in extracting required or desired data elements from the iVOS system will affect the scope of reporting possible.
7. Inability of iVOS to prevent or lack of procedures to identify and remedy illogical data conditions such as financial activity on non-abstracted claims may make such edits the responsibility of the repository, creating additional scope or effort.
8. If validation of IVOS data as it pertains to Insurance Accounting expectations is not done or is done in a limited fashion, lack of data quality can negatively affect Insurance Accounting processes and related reporting.
9. There will be no data validation done by the Ryder Data Warehouse or MicroStrategy for this project beyond whatever has been provided by the source system. The quality level of data will affect the level of quality of output data risking incorrect data being reported on. Any possible data anomalies could be mitigated by creating exception reporting to be monitored by responsible business units.
10. Incomplete or incorrect information may limit the ability to correctly link incoming data to other Ryder data structures if desired.
11. Data received from the source system is assumed to have been previously validated and confirmed to be accurate. BI&A will only do minor data validation on key data elements during testing. Lack of quality of incoming data can negatively affect the quality of reporting.
12. Historical data in iVOS may be different from what exists in IAS currently (We will be pulling historical info from iVOS only). Some reference information may be reflecting the current state instead of the historical.
13. The analysis to determine custom data elements needed to properly support reporting has not yet been done. The extent of customization needed and the complexity of the logic of these elements could affect project timeline and effort.

## Assumptions, Constraints, and Dependencies

The following items are considered (A) Assumptions, (C) Constraints, and/or (D) Dependencies as related to the Liability/Property and Insurance Accounting Reporting project:

**ASSUMPTIONS**

1. (A) Client will designate business and technical SME resources to work with BI&A to define requirements, answer questions and allocate time during UAT.
2. (A) Project timelines will be provided and/or updated once documentation of detail business requirements has been approved by business stakeholder.
3. (A) System functionality gaps and related business decisions must be complete and necessary fields used in the application (subject to limitations of the iVOS extract files) or created to support the desired functionality must be available in the data model.
4. (A) Any issues classified by Ryder as iVOS defects that affect scope or data accuracy are assumed to have been remedied prior to iVOS go-live.
5. (A) Conceptual and logical data models will be available for review immediately upon completion. Gaps identified will be corrected or their removal from the requirements will be approved by the business community before the model is finalized.
6. (A) Conformed dimensions already in the RDW environment for vehicle specification, customer, location hierarchy, etc. will be utilized whenever possible as the ‘system of record’ for these data elements. These conformed dimensions will adopt naming standards as defined within the BI&A structures.
7. (A) Whenever possible, data elements will be ‘system agnostic’, adopting naming conventions that will be understood by all areas of the corporation. Metric naming conventions will be determined with the business and approved by the sponsors.
8. (A) Historical data converted into iVOS will conform to whatever will be generated in iVOS going forward.
9. (A) Location data will be enhanced to support Insurance Accounting reporting and analytics.
10. (A) Pyramid and IAS Incident/Claim related reporting will cut-off when iVOS goes to production. Chargeback, IRS 1099, and other out of scope Insurance Accounting reporting will remain in the mainframe environment until addressed by a future project.

**CONSTRAINTS**

1. (C) The nightly batch window has not been finalized so reporting SLAs cannot be determined at this time. Expected ‘up time’ for applications, data volumes, and data load schedules for all extracts and interfaces will determine when data warehouse loads can be started which will drive when reporting can be made available.

**DEPENDENCIES**

1. (D) The applications and the database will provide complete, validated, and balanced data. Data validation or integrity checks are done when the data are coming into the warehouse to maintain integrity and relations specific to the warehouse and its supporting tables.

# Keep Current Data Warehouse Insurance Accounting Feeds “Whole”

If any current RDW functionality is found to utilize Liability, Property, Safety, Risk Management, and/or Insurance Accounting data from the current Insurance Accounting environment(s), it will need to be analyzed and updated to assure it remains complete and accurate while the mainframe is still in place, and modified to consume data from the new system if necessary.

# General Business Requirements

The Insurance Accounting team is responsible for recording, analyzing and verifying Ryder Insurance’s organization’s financial status.

The Insurance Accounting team becomes involved in the claims process when a ‘Reserve Amount’ is initially placed on a claimant. Throughout the life of the claim, the status and financial activity on the claim may change. The end of life for a claim in Insurance Accounting is when the ‘Reserve Amounts’ on a claim drop to $0.

## ‘Functionality in Flux’

The items listed below are in review with the business and application teams and could affect the accuracy and scope of reporting. As decisions and necessary coding are finalized for each of these items, the effect on reporting scope can be determined. The timing of development and the finalizing business decisions of these items may also cause rework and time delays.

In addition to this section, there are reports in the Current Reporting Environment that include ‘Functionality in Flux’ data related to the following items.

1. **Bank Reconciliation System** ~~Ryder is currently considering an organization wide reconciliation system.~~

*Ryder will continue to leverage the current Mainframe Bank Reconciliation System.*

1. **1099 Payment Flags**

~~Specifying payment transaction code flags for 1099 boxes, as well as how we converted payments that may need to be 1099 reported at the end of the calendar year in which iVOS goes live.~~

*10/3/16: IRS 1099 Reporting will be excluded from project scope because iVOS shall report on IRS 1099. This iteration of the project will continue to support the current Interface Files.   
11/15/16: BI&A may need to house IRS 1099 data for audit purposes.*

1. **iVOS Reverse Copy**

Determination of whether Ryder will leverage iVOS reverse-copy check accounting function which allows monetary transactions to be moved from claim to claim which could create risk in Insurance Accounting. (Pending feedback from Ventiv)

1. **Historical iVOS Extract Logic Determination**

Determination of whether Ryder will create an iVOS extract of historical data as a one-time load to the integration data layer is being tested with the vendor. If this is not feasible another method will need to be determined.   
(Updated: 11/3/16 Pending feedback from Ventiv)

1. **iVOS Extract Control Totals**

If custom extracts are created, each should have control totals to include expected number of rows and total amounts to detail can be validated. If entire database is replicated, this control total logical would not be necessary. (Pending feedback from Ventiv)

1. **~~Can the individual line of insurance / exposure designation check boxes be extracted?~~**

~~If so, this would facilitate reporting. Otherwise, we would need to rebuild this logic to facilitate reporting.~~   
*11/15/16: The ‘Coverage Detail Code’ is being brought over in the daily iVOS Batch export as ‘claimant.cat\_flg\_x’ and shall allow the reporting of claimant coverage types.*  *Claimant Type Keys and Structure v15 Excel file is attached in the reference section for details.*

1. **‘Coverage Provided By’ by Vehicle**

~~‘Coverage provided by’ is not currently recorded by iVOS on the vehicle level, only on the incident level.~~

*If Ryder is the insurer they will cover all Ryder vehicles or there will need to be 1 claim per Ryder unit.*

1. **Physical Damage Claims**~~Physical damage claims will be forcefully fed through the iVOS system as property cargo claims. Currently these claims are not brought into IAS based on policy code. There will be no financial data on these claims; therefore, there will be no reporting specifically called out. There is a current assessment of options in order to automate this function.~~  
   *Physical Damage Claims will be assessed in a future phase of this project.*
2. **Old Republic Insurance Corporation Reports**Reporting for ORIC claims was discontinued because it was thought the use of the reports was not used or needed. Reporting for ORIC was needed after decommission. It is to be decided if ORIC reporting shall be needed in the future state.

## Understanding of Approved Business Processes

1. Current Insurance Accounting reporting is limited to claims where there has been financial activity or a financial transaction. The new reporting solution should not limit these claims but rather, allow filtering/promoting on these criteria; especially when the DB2 tables that currently house all claims will be eliminated.
2. When the Insurance Accounting group does not have all necessary and/or valid values needed to determine and assign an accounting product line to an incident, the use of specific logic determines a ‘calculated’ product line.  If this logic fails, the accounting product line will be defaulted to ‘FLEET’. Reporting shall have the ability to track and report on claims defaulted.
3. All claims/incidents will have a claimant with a claimant type of ‘Expense Only’ claimant where the claimant name will be ‘claimant, expense’ to keep all expenses at the incident level.  Any metrics related to the count of claimants (including averages that may use count of claimants as a denominator) must suppress this claimant in the count. Some indemnity claims will have a ‘Collection Only’ claimant as well, which will also need to be excluded from claimant counts.
4. If both a first/last name AND company name are entered on the claimant screen, the claimant name field will be the company name value.
5. Vehicle number ‘999999’ is reserved for insurance use when (1) a vehicle is not involved (2) the vehicle is an outside/external rental (3) RIA where the vehicle covered is not Ryder’s or (4) the unit number is not known but the unit is believed to be a Ryder unit.
6. Insurance Accounting’s current functionality denotes ‘initial reserves’ at the time the claim is first received in Insurance Accounting. This functionality has been determined to be unnecessary moving forward so no ‘initial reserve’ designation will be done. Reporting will have the ability to do reporting on all reserves and their related changes.
7. Ryder charges a Customer Deductible Amount for MBM customer claims because ‘Customer Deductible Amount’ is not a validated field in iVOS. The MBM Customer Deductible shall be calculated in the database using Insurance Accounting Product line, Incident Year, Lessee Number and Location Number.
8. Financial activity of $1,000,000 - $3,000,000 is manually entered and tracked in an Access Database. Currently, this ‘excess layer’ is currently not tracked in any other system. In iVOS, this layer shall be tracked and provides the opportunity to be reported on.
9. There is no check print flag brought over from iVOS. In Pyramid, check printing is controlled; iVOS does not have the ability to control check printing. The Check Issue Date will be used under the assumption that if a check has an Issue Date it has been sent to the check printing application and is assumed to be printed.

*This area may be expanded in a future version of this document if decisions made on the ‘functionality in flux’ items listed above are resolved partially or completely via application and business processes.*

## Ability to Access Reporting Tool via MicroStrategy

1. There shall be a folder (or series of folders) specific to the Insurance Accounting dashboards, self-service data sets, and basic dashboards that can be used by power users to build custom reporting.
2. If a user chooses to modify the standard visualizations provided for desired filtering and report structure, they shall be able to be saved for future use.
3. Reporting shall have to ability to be scheduled to run as a desired frequency with desired prompts to be available in a user’s MicroStrategy ‘history’ for viewing.

## Consumers of the Information and Security

1. Ryder Internal Users whom shall access these data through MicroStrategy. Including:
   * Executives
   * Management
   * Insurance Accounting teams
   * Insurance Operations
   * Field teams
   * National Liability Claims Office (NLCO)
2. The Insurance Accounting department has the opportunity to provide reporting to customers on an ad-hoc basis or via emailed subscriptions based on their own discretion. The scope of this phase of the project does not include customers accessing this directly.
3. The more security implemented on the reporting solution, the more complicated it is to maintain and administer. Current Insurance Accounting reporting has security and it is necessary that the reporting implemented likewise have security as it will contain restricted and confidential data.
4. The iVOS system has a functionality called ‘GuestLink’ allowing a link to be embedded within the system which could be explored to provide reporting ‘within’ the application to consumers such as attorneys and adjusters if desired.

## Appropriate Field-Level Data Security

The more complicated the data security and security levels are, the more complex the solution will be.

The scope of this phase of the project does not include Ryder customers or external Ryder users accessing this data directly. If a user sends a subscription to an external customer it shall be at their own discretion regarding restricted and/or sensitive data.

**PUBLIC DATA**

Any information that has been approved for access by, use by, or disclosure to the general public in considered ‘Public Data’.

**CONFIDENTIAL DATA**

Any information that has been approved for access by, use by, or disclosure within Ryder but may not be released to the general public in considered ‘Confidential Data’.

For information that is not assigned a classification level, it should be treated as Confidential at a minimum.

**RESTRICTED DATA**

Restricted data is any information considered highly sensitive or otherwise valuable information of which unauthorized access to, use of, or disclosure of would have substantial detrimental impact to Ryder, Ryder’s customers, or other parties. Impact would include negatively affecting Ryder’s competitive position, violating regulatory requirements, damaging Ryder’s reputation, or posing a risk for identify theft.

Access to, use of, and disclosure should be restricted to specific individuals who have a business need or legal right to the information.

The following elements have been identified as restricted data:

* $ Settlement Amounts
* Tax Identification Number (not being reported on)
* Social Security Number (not being reported on)

## Historical Data

1. **Historical Data Conversion**There shall be a one-time load of historical data as part of the application conversion to support Insurance Accounting Reporting requirements.   
   \*Please see ‘Functionality in Flux’, the structure of this data has not yet been determined and may change in the to-be solution.\*

It has been decided that Insurance Accounting historical data shall only be converted from incident year 1995 and forward. Claims with incident years prior to 1995 that have been converted to iVOS shall not have historical customer data and thus will not have the ability to be fully reported on.

There shall be a one-time load of iVOS organizational data. The vendor, Ventiv, will generate initial organizational data. Locations that have been re-used or locations that are closed may have validation issues for reporting purposes.

1. **Historical Data Elements**

The reporting solution shall provide access to historical information to satisfy Ryder’s data retention policy for Insurance Accounting information.

The reporting solution shall allow the business to report on current state data and historical data for Insurance Accounting for any given point any time in both an “as-is” and “as-was” state.

**Key Historical Data includes:**

* Ryder Location Data
* Insurance Accounting Product Line
* Accounting Cycle
* Cap Layer Types and Amounts (for Actuarial Analysis)
* Claim Status

## Accounting Location Hierarchy Logic

The Ryder Location Hierarchy shall be documented in the warehouse to allow for a logical roll-up of data.

**“TO BE” RYDER LOCATION HIERARCHY**

The ‘Trial Balance Reporting Segment’ shall be used as the Ryder Location Hierarchy for traceability to the Walker system.

## Capping Structures

The Insurance Accounting department uses ‘Cap Layer Types’ and ‘Cap Layers Amounts’ to filter and analyze different financial activities.

A ‘Cap Layer Type’ is a new element to be created to support metric filtering for Insurance Accounting reporting. The Cap Layer Type is used to identify which type of metric(s) to be filtered. The ‘Cap Layer Amount’ shall have a pre-defined amount or range available to be selected or a user can manually enter a numeric amount to filter the data on.

The business requires dynamic Cap Layers to allow enough flexibility to change the cap layers to support current standard reporting, ad-hoc reporting performed by the business, and future Cap Layer changes.

1. **Capping for Actuarial Analysis (Triangles)**

Currently, actuarial reporting is filtered on pre-defined cap layer ranges. These ranges shall continue to be supported.  
  
Over time, the cap layers needed by the business have changed. The historical data for cap layers is critical for accurate reporting. Insurance Accounting Reporting shall have the ability to report on current cap layers and historical cap layers.

Cap Layers shall be dynamic to allow for future process changes and shall include an ‘uncapped’ option for ad-hoc, self-service reporting.

The reporting solution shall allow users to manually type the numeric amount or range they wish to filter the data on.

1. **Financial Activity Reporting Capping**

The reporting solution shall provide pre-defined, commonly used cap layers users can filter on.

The reporting solution shall allow users to manually type the numeric amount or range they wish to filter the data on.

## Actuarial Analysis

**Standard Actuarial Reports**

The Insurance Accounting Department runs monthly standard reports and ad-hoc Actuarial ‘Triangle’ reports. The data elements and metrics required for this reporting are documented in the Actuarial Analysis Subject Area.

Users shall have the ability to select one or more elements from one or more attributes. The selected attributes shall be used to filter the data displayed for reporting.

* + - 1. Actuarial Analysis reporting shall allow users to select one or more elements from one or more attributes. The selected attributes shall be used to filter the data displayed. (I.e. A user can select one Insurance Accounting Product Line or multiple Insurance Accounting Product Lines to filter the data on.)
      2. Actuarial Analysis reporting shall have the ability to be combine amounts. (I.e. a use can select a triangle for ‘Incurred Loss’ and ‘Incurred Expense’ to create a ‘Total Incurred’ triangle.)
      3. In the “to-be” state, actuary triangles are not run for Property Cargo.
      4. Actuarial Analysis Reporting shall have the ability to include or exclude the MBM customer deductible amounts. The MBM customer deductible amount shall be calculated in the backend solution.

**Ad-hoc Actuarial Reports**

A self-service reporting capability shall be available for ad-hoc actuarial analysis reporting. All data elements captured in the Actuarial Analysis Subject Area will be available for self-service reporting.

1. Any ad-hoc actuarial reporting shall have the ability to use any/all data elements captured with a Cap Layer Type of ‘Uncapped’ Amount up to $3,000,000. (11/8)

## Assessment of Reporting / Data Manipulation done outside the Insurance Accounting process

Additional assessment and analysis will be required to eliminate the manual handling of reports and improve the automated processes done outside of the current Insurance Accounting processes.

## All Available Data Elements Accessible for Self-Service Reporting

1. All data elements extracted from the iVOS application and identified for reporting will be made available in MicroStrategy. Power users will be able to access datasets, add or remove elements, add filters to customize, and save analyses for future use.
2. Data visualized in grid format can be downloaded from MicroStrategy for use in Microsoft Excel or other software as needed.
3. The Insurance Accounting department currently has an MS Excel spreadsheet that can be filtered to provide some basic self-service capabilities. The Insurance Accounting reporting project will allow this data to be available in MicroStrategy.

## Bus Matrix: Attribute/Metric Relationship

A Bus Matrix was created for planning and modeling purposes and for reporting and data warehouse creation to simplify the expression of the relationship between data metrics and data attributes.

**< BUS MATRIX PENDING APPROVAL AND TO BE ATTACHED HERE >**

## Custom Data Elements Needed for Reporting

Because of how data is available from iVOS and what data is necessary for reporting, certain fields will need to be built in either the data load processes or the MicroStrategy environment to properly support desired reporting.

The logic for these fields will be determined during technical design and once the OneDB model and data flows are determined and better understood.

## Miscellaneous

|  |  |
| --- | --- |
| **ITEM** | **DESCRIPTION** |
| Retention Strategy / Purge Criteria | No purging of data has been designated. If space is an issue at a later date, a decision will be made about summarizing, archiving, or purging older data. |
| Data Refresh Frequency | Data shall be refreshed daily. |
| Reporting Time Period | Depending on performance, all data will be available to the dashboards and data extracts.  As detailed reporting and report design is underway, defaults, prompts, and filters can be determined while giving the user the ability to change them as needed. |
| Delivery | Dashboards Reports Datasets Self-Service |
| Distribution | MicroStrategy Email subscription process can be set up by user. |
| SLA | Will be determined when the nightly batch window processes and expected data volumes have been determined. |

# Current Reporting Environment

## Overview

The following sections contain the 65 unique reports in the current Insurance Accounting reporting environment considered in scope for this phase of the project. The reports listed below are used today along with filtering capabilities to support or are provided by the Insurance Accounting team. Reports with ‘Functionality in Flux’ data or processes are noted and highlighted in grey. Reports that were later deemed out of scope are struck through for tracking purposes.

## Insurance Accounting Reports Documented in Kaizen Workshop

The following are reports identified during the Insurance Accounting - WNS Kaizen workshop from April 2016. Reports that are relevant and in scope of the Insurance Accounting Reporting project are documented in this BRD.

Interface files, Interface Control Reports, or Reports that will be migrated or retired before the iVOS go-live are considered out of scopeandare not documented in this BRD.

**COMPLEXITY CALCULATION**

Each report below has a complexity calculation where HIGH determines the reports with the most complex logic, MEDIUM refers to reports with more complex data logic/acumen and/or data logic, and a LOW complexity was given to reports with straight data extracts, formatting and/or totals.

|  |  |
| --- | --- |
| **COMPLEXITY RATING** | **TOTALS** |
| HIGH | 6 |
| MEDIUM | 14 |
| LOW | 13 |
| **TOTAL Kaizen Documented Reports** | **33** |

**REPORTS**

| **#** | **FILE NAME** | **REPORT #** | **DESCRIPTION** | **COMPLEXITY** | **SUBJECT AREA** |
| --- | --- | --- | --- | --- | --- |
| 1 | Front End Accepted Transactions | **IN005R01** | Report - research, balancing  \*FIF | HIGH | [Exceptions](#_Exceptions_1) |
| 2 | Front End Error Transactions (from last work day -4 close) | **IN005R02** | Report - exceptions, balancing  \*FIF | HIGH | [Exceptions](#_Exceptions_1) |
| Front End Error Transactions (from last work day -4 close) | [Exceptions](#_Exceptions_1) |
| 3 | Claims Edit Balance Report | **IN007R01** | Report - balancing | MEDIUM | [Claim Cost Analysis](#_Claim_Cost_Analysis_1) |
| 4 | Daily BI/PD Input NLCO | **IN010R01** | Report - balancing | MEDIUM | [Claim Cost Analysis](#_Claim_Cost_Analysis_1) |
| 5 | Master Claim File Updated Control | **IN050R01** | Report - balancing | MEDIUM | [Reserve Amounts](#_Reserve_Amounts_and) |
| 6 | MCL (Master Claim Listing) – RIA | **IN077R08** | Report - external reporting | LOW | [Reserve Amounts](#_Reserve_Amounts_and) |
| MCL (Master Claim Listing) – RIA | Report - analysis | [Reserve Amounts](#_Reserve_Amounts_and) |
| 7 | MCL (Master Claim Listing) – CANADA | **IN077R12** | Report - external reporting | LOW | [Reserve Amounts](#_Reserve_Amounts_and) |
| 8 | MCL (Master Claim Listing) - non-FMS | IN077R24\_MCL\_AFFL.DOC; **IN077R04** | Report - field reporting | LOW | [Reserve Amounts](#_Reserve_Amounts_and) |
| 9 | MCL (Master Claim Listing) - SCS/DTS | **IN187R01**\_MCL\_RIL.DOC | Report - field reporting | LOW | [Reserve Amounts](#_Reserve_Amounts_and) |
| 10 | Insurance Corporation Recaps – Ins. Claims Corp Recaps | **IN078R01** | Report - balancing, analysis | HIGH | [Reserve Amounts](#_Reserve_Amounts_and) |
| Insurance Corporation Recaps – Consolidated (Uncapped, All claims) | Report - balancing, analysis | [Reserve Amounts](#_Reserve_Amounts_and) |
| Insurance Corporation Recaps | [Reserve Amounts](#_Reserve_Amounts_and) |
| Insurance Corporation Recaps | [Reserve Amounts](#_Reserve_Amounts_and) |
| Insurance Corporation Recaps | [Reserve Amounts](#_Reserve_Amounts_and) |
| Insurance Corporation Recaps USA & Canada (uncapped, All Claims) | Report - balancing | [Reserve Amounts](#_Reserve_Amounts_and) |
| Insurance Corporation Recaps – (0-1mil exc PHD/CRG) | Report - balancing | [Reserve Amounts](#_Reserve_Amounts_and) |
| Insurance Corporation Recaps – (over 1 mil exc PHD/CRG) | Report - research | [Reserve Amounts](#_Reserve_Amounts_and) |
| **Insurance Corporation Recaps – Consolidated P&L adjustments** | Report - balancing, exceptions | [Reserve Amounts](#_Reserve_Amounts_and) |
| Insurance Corporation Recaps – claims with Forced Initial Reserves | [Reserve Amounts](#_Reserve_Amounts_and) |
| 11 | Ins. Accounting: Claims Processing System - Claims w/ Negative Ending Reserves | **IN106R01** | Report - exception, balancing | LOW | [Exceptions](#_Exceptions_1) |
| 12 | Claims w/ Outstanding-Reserve or Total-Incurred Mismatches | **IN106R02** | Report - exceptions, balancing | LOW | [Exceptions](#_Exceptions_1) |
| 13 | Check Listing - Check Number sequence | **IN121R01** | Report - balancing, research | LOW | [Payment Detail & Summary](#_Payment_Detail_&) |
| 14 | Ins. Cost Analysis for Claims where Tot-Inc $1M | **IN128R01** | Report - analysis | HIGH | [Claim Cost Analysis](#_Claim_Cost_Analysis_1) |
| 15 | Total Incurred over $500K | **IN129R01** | Report - analysis | MEDIUM | [Incurred and Payment Amounts](#_Incurred_and_Payment) |
| 16 | Total Incurred over $250K | **IN129R02** | Report - analysis | MEDIUM | [Incurred and Payment Amounts](#_Incurred_and_Payment) |
| 17 | Total Incurred over $1 Million | **IN129R03** | Report - research | MEDIUM | [Incurred and Payment Amounts](#_Incurred_and_Payment) |
| 18 | Case Reserves $0-1M Capped Claims (prints 2-up book form) | **IN134R05** | Report - balancing | HIGH | [Claim Cost Analysis](#_Claim_Cost_Analysis_1) |
| Case Reserves $0-1M Capped USA (prints 2-up book form) (USA/CAN) | Report - balancing | [Claim Cost Analysis](#_Claim_Cost_Analysis_1) |
| Case Reserves $0-1M Capped Canada (prints 2-up book form) (USA/CAN) | Report - balancing | [Claim Cost Analysis](#_Claim_Cost_Analysis_1) |
| Case Reserves $0-1M Uncapped Claims (prints 2-up book form) | Report - balancing | [Claim Cost Analysis](#_Claim_Cost_Analysis_1) |
| Case Reserves $0-1M Uncapped USA (prints 2-up book form) | Report - balancing | [Claim Cost Analysis](#_Claim_Cost_Analysis_1) |
| Case Reserves $0-1M Uncapped Canada (prints 2-up book form) | Report - balancing | [Claim Cost Analysis](#_Claim_Cost_Analysis_1) |
| 19 | Case Reserves >1M Claims (prints 2-up book form) | **IN134R06** | Report - research | HIGH | [Claim Cost Analysis](#_Claim_Cost_Analysis_1) |
| 20 | Calendar Year Activity Report for Mike Roy | **IN150R01** | Report - analysis, balancing | MEDIUM | [Claim Cost Analysis](#_Claim_Cost_Analysis_1) |
| Calendar Year Activity Report | \*FIF | MEDIUM | [Claim Cost Analysis](#_Claim_Cost_Analysis_1) |
| 21 | Ins. Claim System - Activity of $75,000 or more | **IN173R01** | Report - Ryder Management reporting | LOW | [Claim Cost Analysis](#_Claim_Cost_Analysis_1) |
| 22 | Ins. System - Accident Count by Product Line Canada/USA | **IN175R01** | Report - Ryder Management reporting | LOW | [[Risk Management](#_Risk_Management_1)](#_Reserve_Amounts_and) |
| 23 | Audit 01.CSV | **IN330D11** | Same as IN330D12? | MEDIUM | [Payment Detail & Summary](#_Payment_Detail_&) |
| 24 | Actuary Audit - backup details | **IN330D12** | Report - analysis, research | MEDIUM | [Claim Cost Analysis](#_Claim_Cost_Analysis_1) |
| 25 | Detail Claim Activity - 13 rolling cycles | **IN370D93** | Data File - analysis, balancing, exceptions, research, Ryder Management reporting | LOW | [Payment Detail & Summary](#_Payment_Detail_&) |
| 26 | Quarterly Incurred - current & past 5 activity years - by insurance product lines | **IN554D10** | Report - Ryder Management reporting | MEDIUM | [Incurred and Payment Amounts](#_Incurred_and_Payment) |
| 27 | Claims Analysis | **IN570D03** | Report - analysis, research | MEDIUM | [Claim Cost Analysis](#_Claim_Cost_Analysis_1) |
| 28 | 0-1Mil Claims File - Claims w/Negative End Reserves & Claims with Total Incurred Mismatch | **IN900R01** | Report - analysis, research | MEDIUM | [Claim Cost Analysis](#_Claim_Cost_Analysis_1)  &  [Exceptions](#_Exceptions_1) |
| 29 | Risk Management: Claims Processing System Month to Date Rejected PYRAMID AL/GL Reserves | **RM105R01.A** | Report – Exceptions  Added 8/24 | MEDIUM | [Exceptions](#_Exceptions_1) |
| 30 | Risk Management: Claims Processing System Month-To-Date Rejected PYRAMID AL/GL/PRCRGPHD Payments | **RM105R01.B** | Report - exceptions, balancing  \*FIF | MEDIUM | [Exceptions](#_Exceptions_1) |
| 31 | Risk Management: Claims Processing System Physical Damage Collections Month-To-Date Recoveries: AL/GL + Property / Cargo | **RM105R02.B** | Report - analysis, balancing | LOW | [Payment Detail & Summary](#_Payment_Detail_&) |
| 32 | Property Cargo Report | **RM118D01** | Data File - analysis | LOW | [Claim Cost Analysis](#_Claim_Cost_Analysis_1) |
| 33 | Property Cargo Report | **RM118D03** | Data File - analysis | LOW | [Payment Detail & Summary](#_Payment_Detail_&) |
| **OUT OF SCOPE** | | | | | |
| 34 | Claims where IAS forced designation of Initial Reserves | **IN105R01** | \*FIF | MEDIUM | Out of Scope |
| 35 | IRS 1099-MISC Reporting; Detail payment dispositioning | **IN401D14** | \*FIF | HIGH | iVOS custom reporting will support |
| 36 | IRS 1099-MISC Reporting; Exceptions | **IN401R01** | \*FIF | iVOS custom reporting will support |
| 37 | IRS 1099-MISC Reporting: Balance /Control report | IN401R03 | \*FIF | iVOS custom reporting will support |

## Insurance Accounting Reports not Documented in Kaizen Workshops

A collection of reports not included in the Insurance Accounting Kaizen Workshop Documentation has been provided the following reports are considered “in scope” for this project. The Insurance Accounting WNS Kaizen had a limited scope and did not consider Insurance Accounting deliverable consumption outside the Insurance Accounting Department. Reports containing ‘Functionality in Flux’ data are highlighted in grey.

Interface files considered in scope are documented in the Data and Interface File sections.

Interface files, Interface Control Reports, or Reports that will be migrated or retired before the iVOS go-live are considered out of scope.

**COMPLEXITY CALCULATION**

Each report below has a complexity calculation. HIGH determines the reports with the most complex logic, MEDIUM refers to reports with more complex data logic/acumen and/or data logic, and LOW complexity was given to reports with straight data extracts, formatting and/or totals.

|  |  |
| --- | --- |
| **COMPLEXITY RATING** | **TOTALS** |
| HIGH | 5 |
| MEDIUM | 9 |
| LOW | 16 |
| UNKNOWN | 2 |
| **TOTAL Non-Kaizen Documented Reports** | **32** |

**REPORTS**

| **#** | **FILE NAME** | **REPORT #** | **DESCRIPTION** | **COMPLEXITY** | **SUBJECT AREA** |
| --- | --- | --- | --- | --- | --- |
| 1 | Month-to-Date: Large Dollar Reserve Changes | **IN020D03** | Data File - analysis | LOW | [Reserve Amounts](#_Reserve_Amounts_and) |
| 2 | Month-to-Date: Reserve Changes RECAP | **IN020D04** | Data File - analysis | LOW | [Reserve Amounts](#_Reserve_Amounts_and) |
| 3 | Large Claim ($1M+) Claim Monitoring | **IN025D01** | Data File - analysis | LOW | [Incurred and Payment Amounts](#_Incurred_and_Payment) |
| 4 | Large Claim ($1M+) Claim Monitoring - RECAP | **IN025D02** | Data File - analysis | LOW | [Incurred and Payment Amounts](#_Incurred_and_Payment) |
| 5 | Claimant data exceptions | **IN029R01** | Report - exceptions | MEDIUM | [Exceptions](#_Exceptions_1) |
| 6 | Fleet Management Claims | **IN077R09** | Report - exceptions, research | LOW | [Claim Cost Analysis](#_Claim_Cost_Analysis_1) |
| 7 | M.C.L. for Insurance Admin  (locations (5915 & 5913) | **IN077R11** | Report - research | LOW | [Reserve Amounts](#_Reserve_Amounts_and) |
| 8 | M.C.L. for $0-Deductible MBM claims (location 5227) | **IN077R27** | ELIMINATE? TBD | LOW | [Reserve Amounts](#_Reserve_Amounts_and) |
| 9 | Non-RIA MBM M.C.L Summary | **IN077R88** | Added 8/24 | MEDIUM | [Reserve Amounts](#_Reserve_Amounts_and_1) |
| 10 | Over $500K Cost Layer reporting | **IN102D03** | ELIMINATE? TBD | MEDIUM | [Payment Detail & Summary](#_Payment_Detail_&) |
| 11 | Average Severity Metrics - Summary data | **IN103D05** | Data File - management reporting | HIGH | [Risk Management](#_Risk_Management_1) |
| 12 | Average Severity Metrics - Detail data | **IN103D06** | Data File - research | HIGH | [Risk Management](#_Risk_Management_1) |
| 13 | Average Severity Metrics - Detail data | **IN103R02** | Report - research | HIGH | [Risk Management](#_Risk_Management_1) |
| 14 | Average Claim Severity Analysis - Liability | **IN103R01** | ADDED AT LATER DATE |  | [Risk Management](#_Risk_Management_1) |
| 15 | Open claims without Financials | **IN105R02** | Report - exceptions | LOW | [Exceptions](#_Exceptions_1) |
| 16 | Claims with Defaulted Values | **IN110R02** | Report - exceptions | LOW | [Exceptions](#_Exceptions_1) |
| 17 | Potential Duplicate Claims | **IN112R01** | \*FIF | MEDIUM | [Exceptions](#_Exceptions_1) |
| 18 | New Claims - Year Over Year | **IN117D03** | Data File - analysis | MEDIUM | [Claim Cost Analysis](#_Claim_Cost_Analysis_1) |
| 19 | Supplemental M.C.L. Report – FMS | **IN141R01** | Report - field reporting, research | LOW | [Reserve Amounts](#_Reserve_Amounts_and) |
| 20 | Supplemental M.C.L. Report - SCS/DTS | **IN144R01** | Report - field reporting, research | LOW | [Reserve Amounts](#_Reserve_Amounts_and) |
| 21 | MBM Deductible CSV | **IN176D91** | Report - triangles | HIGH? | [Actuarial Analysis](#_Actuarial_Analysis) |
| 22 | Inter-Company Payments – Summary | **IN177R01** | Report - balancing | LOW | [Payment Detail & Summary](#_Payment_Detail_&) |
| 23 | Inter-Company Payments – Detail | **IN177R02** | Report - balancing | LOW | [Payment Detail & Summary](#_Payment_Detail_&) |
| 24 | $1-3M Cost layer reporting | **IN179D11** | Data File - analysis | LOW | [Incurred and Payment Amounts](#_Incurred_and_Payment) |
| 25 | Canadian Losses | **IN185D01** | Data File – analysis, External reporting | MEDIUM | [Claim Cost Analysis](#_Claim_Cost_Analysis_1) |
| 26 | MCL (Master Claim Listing) - SCS/DTS Recaps | **IN187R11** | Report - balancing | MEDIUM | [Reserve Amounts](#_Reserve_Amounts_and) |
| 27 | Citibank Positive Pay: Extract select VOID activity for next day reporting | **IN200R01** | Report - research | LOW | [Payment Detail & Summary](#_Payment_Detail_&) |
| 28 | Citibank Positive Pay: Combine payments into checks | **IN205R01** | Report - research | MEDIUM | [Payment Detail & Summary](#_Payment_Detail_&) |
| 29 | Citibank Positive Pay: Issue File details | **IN205R02** | Report - research | LOW | [Payment Detail & Summary](#_Payment_Detail_&) |
| 30 | Accident Counts by Accident Year | **IN531R01** | Report - analysis | MEDIUM | [[Risk Management](#_Risk_Management_1)](#_Reserve_Amounts_and) |
| 31 | Lease/Rental claim costs by accident year & vehicle class (Tractor-Trailer-Truck) | **IN540D01** | Data File - analysis | HIGH | [Claim Cost Analysis](#_Claim_Cost_Analysis_1) |
| Lease/Rental claim costs by accident year & vehicle class (Tractor-Trailer-Truck) --> MBM deductible cost layer | Data File - analysis | [Claim Cost Analysis](#_Claim_Cost_Analysis_1) |
| 32 | FMS Deductible Billing Report | **IN077R013** | \*FIF\* Added 10/11 |  | TBD if interface or report |

# Reporting Subject Areas

## General Reporting Requirements and Reporting Structure

The in scope Insurance Accounting reports listed above have been classified logically into ‘Subject Areas’ based on similar key data elements, organizing the overall reporting process and business experience.

All in scope Insurance Accounting reports captured in the Current Reporting Environment have been categorized into the following subject areas:

1. Reserve Amounts
2. Incurred and Payment Amounts
3. Payment Summary & Detail
4. Claim Cost Analysis
5. Actuarial Analysis
6. Risk Management
7. Exceptions

**GENERAL REQUIREMENTS;** the overall reporting solution shall include:

1. The ability to support growth and flexibility. (i.e. adding other systems or processes at a later date, vendor changes, etc.)
2. Self-service reporting to empower the Insurance Accounting team with the flexibility to analyze the information based on changing business needs.
3. Detail and summary data available to all levels of the Insurance Accounting team.
4. The ability to sort columns ascending or descending or only view the ‘top number’ of data. (I.e. The user only wants to see the top 10 Claims/Incidents with the largest Incurred Amounts)
5. Trending periods for the reporting solution shall include:
   * Weekly
   * Monthly
   * Quarterly
   * Yearly
   * Historical – current month, last month, current quarter, last quarter, 6 months, year, prior years, and year to date
6. Period over Period Comparisons
   * Monthly
   * Quarterly
   * Yearly
7. Insurance Accounting standard reporting shall filter out claims with no financial activity and exclude from amounts, counts, averages and percentages on standard reports unless a user manually changes this filter
8. Uniformity, when possible, for look and functionality to be maintained for ease of use.

**FUNCTIONAL STRUCTURE:** (subject to change based on data volumes and performance) Specific layouts will be discussed and agreed upon during design phase. *The corresponding Functional Design Document contains details relating to layouts and design.*

**Summary:** Summary reporting shall provide counts, amounts, averages, and percentages at a daily level and above - weekly, week to date, monthly, month to date, quarterly, quarter to date, yearly, and year to date – shall also be supported. Generally, summaries do not show claim level detail due to the volume of claims involved. Summaries shall also support selected date ranges and period over period comparisons.

**Detail**: Detail reporting displays claim and/or claimant level detail for a selected date or location. It shall provide visibility to all claims during a selected date or period in whatever status they were in during that time period. Users shall be able to select on all major calendar and accounting dates and major reporting groupings – Location, Insurance Accounting Product Line, Reserve/Payment, etc.

**Self-Service:** This allows for the most flexibility to query all available data elements for any time period (performance constraints possible) with the ability to filter extensively.

**Layouts:** Also known as ‘Tabs’ within each subject area shall drive data presentations.

**Panels:** Also known as ‘Bubbles’ within each layout shall be used to provide further detail. Items such as period over period may also be done in panels. *Specific layouts will be discussed and documented in the Functional Design Document during the design phase. Mock-ups shall be provided based on available data during the project design phase to aid discussions.*

**Prompting:** Users shall have the ability to select one or more elements from one or more attributes. The selected attributes shall be used to filter the data displayed for reporting.

Users shall have the ability to enter a specific numeric filter for certain reporting, which shall be used as a part of a filter or within a metric.

Users shall have the ability to select a specific date or date range in which to filter data to be seen.

Prompts and filters logical to a particular subject area shall be available and shall be documented in each subject area’s list of available data elements and detailed in the Functional Design.

## Reserve Amounts

A reserve is an amount of money appropriated or set aside for a claim for future payments that have not yet been settled. Ryder designates reserve amounts at the claimant level. Throughout the life of a claim, reserves may be adjusted or changed. These reserve changes are tracked and any activity affecting reserve amounts is critical for balancing and analysis.

**SUBJECT AREA PURPOSE:**

The purpose of the Reserve Amounts subject area is to research, analyze, balance and track reserve amounts and any activity affecting Reserve Amounts. Activities that affect reserves are Incurred Amounts, Recovery/Subrogation Amounts, and/or Payment Amounts made on the respective claims. Changes in these activities often force the Reserve Amount to fluctuate.

The Reserve Amounts reporting subject area is used by the business throughout the month and heavily at month end.

**KEY DRIVERS AND QUESTIONS ANSWERED:**

1. Tracking Reserve Amounts from the time and date they were initially created until the claim closes.
2. How incurred, payment, and recovery/subrogation activity on a claim affects the changes in the Reserve Amounts.
3. Reporting a ‘new’ Reserve Amount, defined as the first Reserve Amount set for a claimant/claim within the month reported on.
4. Reserve Amount reporting is needed in both a summary view and a detail view. The detail view data shall show data down to the claimant level and summary views shall show aggregate data.
5. Ability to include or exclude the Field Deductible Amount when running reports.

**PROMPTING AND ELEMENTS TO BE MADE AVAILABLE:**

1. Users shall have the ability to select one or more elements from one or more attributes. The selected attributes shall be used to filter the data displayed for reporting. The elements to be available are listed in this subject area.
2. Users shall have the ability to select a specific date or date range in which to filter data to be seen.
3. A flexible, numeric prompt filter shall be available for users to enter a specific number, which shall be used as a filter or within a metric as a range or single value.
4. Reserve Reporting shall have the ability to be filtered on any location type in the Ryder Location Hierarchy.

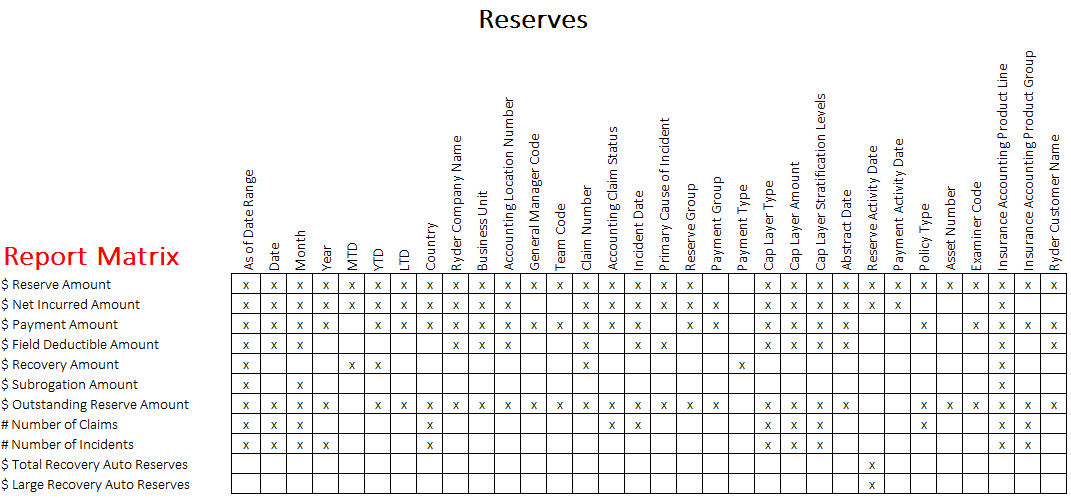
| **DATA ELEMENT** |  |
| --- | --- |
| As of Date Range | Prompt |
| Month | Prompt |
| Year | Prompt |
| Month to Date | Prompt |
| Year to Date | Prompt |
| Life to Date | Prompt |
| Country | Prompt / Attribute |
| Ryder Company Name | Prompt / Attribute |
| Business Unit | Prompt / Attribute |
| Accounting Location Number | Prompt / Attribute |
| General Manager Code | Prompt / Attribute |
| Team Code | Prompt / Attribute |
| Claim Number | Attribute |
| Accounting Claim Status | Attribute |
| Incident Date | Attribute |
| Primary Cause of Incident | Attribute |
| Loss/Expense Activity Group | Attribute |
| Cap Layer Type | Prompt |
| Cap Layer Level | Prompt |
| Activity Date | Attribute |
| Policy Type | Attribute |
| Asset Number | Attribute |
| Examiner Code | Prompt / Attribute |
| Insurance Type Code | Attribute |
| Insurance Accounting Product Line | Prompt / Attribute |
| Insurance Accounting Product Group | Prompt / Attribute |
| Ryder Customer Name | Prompt / Attribute |
| **METRICS** |  |
| $ Reserve Amount |  |
| $ Net Incurred Amount |  |
| $ Payment Amount |  |
| $ Field Deductible Amount |  |
| $ Subrogation Amount |  |
| $ Outstanding Reserve Amount |  |
| # Number of Claims |  |
| $ Total Recovery Auto Reserves |  |
| $ Large Recovery Auto Reserves |  |
| $ Recovery Amount |  |

**REPORTING SUBJECT AREA MATRIX:**

A bus matrix is a Data Warehouse planning model and tool created to convey the relationships between metrics and attributes. Metrics, located in the first column, are amounts where aggregate functions (i.e. sum, min, max, etc.) can be applied. Attributes are important business ‘subjects’ used to group or filter metrics (i.e. Location Number, Insurance Accounting Product Lines, etc.); these are located in the first row of the matrix.

Using the reports identified for this subject area, an ‘excerpt’ of the bus matrix was created to visualize the association between data elements.

*A complete bus matrix and reporting subject area excel files are attached in the references section.*



**VIEWING THE DATA** (How should the above data be sectioned and reported?):

The following views necessary for the Reserve subject area have been identified below. *A detailed description and design will be assessed during the Functional Design phase.*

**Incident/Claim Level Detail**

Reserve Activity Detail at the Claim Level

* Tracking Reserve Amounts from any point and time by the reserve group type, claim’s policy type, unit number and incident date with the ability for user to filter on examiner, insurance accounting product line, country, business unit, and location within a Cap Layer Type and Amount.
  + Ability to drill down the reserve activity amounts by claimant coverage detail type.
* Ability to view and compare Payment Amounts and Reserve Amounts from the current period, past periods, and LTD made on claims that still have open reserves filtered by cap layer, examiner, location and insurance accounting product line.
* Ability view Reserve Amounts including or excluding the Field Deductible Amount on cap layer, business unit, reserve group, and point in time by location number, insurance accounting product line, claim number, unit number, cause of incident, and customer name.

**Summary**

Monthly, Yearly, Life to Date Reserve Summaries

* Reserve Amounts over a defined amount aggregated by activity date.
* Reserves Amounts for Ryder Location(s) from any point and time with the option to select numeric filters.
* Tracking Reserve Amounts and Payment Amounts for Ryder Location(s) by incident date, reserve group, insurance accounting product line, within a Cap Layer Type and Cap Layer Amount summed by product line.

Annual and Monthly Incident Count Summaries

* Number of open claims by month by Insurance Accounting Product Line and filtered on Ryder Location with sum of counts including and excluding RIA claim counts
* Number of claims by all incident years by claim status. Filtered on Ryder location and Cap Layer Type and Cap Layer Amount.

## Net Incurred and Payment Amounts

**SUBJECT AREA PURPOSE**:

An ‘Incurred Amount’ is the cost Ryder has become liable for as attached to an incident/claim. The term “Payment Amount” as used in this document is the amount in dollars Ryder has already paid on a claim. The term “Net Incurred Amount” is the Incurred Amount plus Recovery Amounts.

In the Net Incurred and Payment Amounts reporting subject area will allow analysis of incurred costs and payment activity of both losses and expenses at the summary level and down to the claim/claimant detail level from any point in time.

Net Incurred and Payment Amount reporting is used for analysis, research and Ryder Management Reporting.

**KEY DRIVERS AND QUESTIONS ANSWERED:**

1. Incurred Amounts trending (MTD, QTD, and YTD) at the detail and summary level.
2. Comparing Net Incurred Amounts to Payment Amounts made and Outstanding Reserve Amounts remaining by Loss/Expense Activity Groupings.
3. Analyze trends in claim/incident detail for Incurred Amounts.
4. Analyze trends by locations by aggregating Incurred Amounts.
5. Tracking and analyzing claims/incidents with total Incurred Amounts over a certain amount. (I.e. Claims with Total Incurred Amounts over $500,000)
6. Number of claims by Ryder Locations and Insurance Accounting Product Lines.

**PROMPTING AND ELEMENTS TO BE MADE AVAILABLE:**

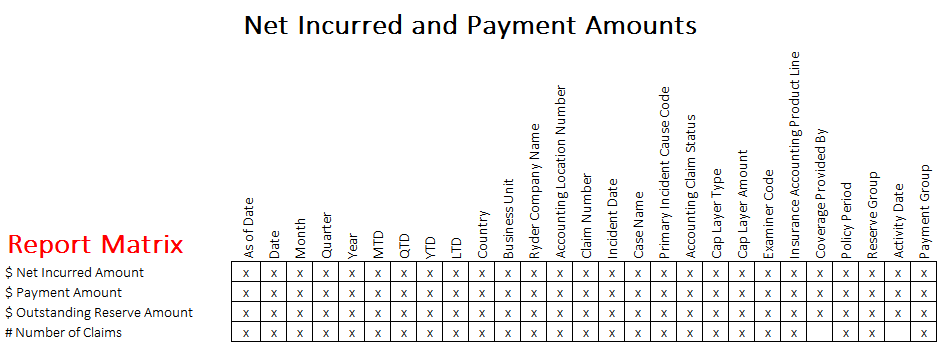
1. Users shall have the ability to select one or more elements from one or more attributes. The selected attributes shall be used to filter the data displayed for reporting. The elements to be available are listed in this subject area.
2. Users shall have the ability to select a specific date or date range in which to filter data to be seen.
3. A flexible, numeric prompt filter shall be available for users to enter a specific numeric value, which shall be used as a filter or within a metric as a range or single value.
4. Ability to filter on any location type in the Ryder Location Hierarchy.

| **DATA ELEMENT** |  |
| --- | --- |
| Date | Prompt / Attribute |
| Month | Prompt / Attribute |
| Quarter | Prompt / Attribute |
| Year | Prompt / Attribute |
| Month to Date | Prompt / Attribute |
| Quarter to Date | Prompt / Attribute |
| Year to Date | Prompt / Attribute |
| Life to Date | Prompt / Attribute |
| Country | Prompt / Attribute |
| Business Unit | Prompt / Attribute |
| Ryder Company Name | Prompt / Attribute |
| Accounting Location Number | Prompt / Attribute |
| Claim Number | Attribute |
| Incident Date | Attribute |
| Case Name | Attribute |
| Primary Incident Cause Code | Attribute |
| Accounting Claim Status | Attribute |
| Cap Layer Type | Prompt / Attribute |
| Cap Layer Amount | Prompt / Attribute |
| Examiner Code | Attribute |
| Insurance Accounting Product Line | Prompt / Attribute |
| Coverage Provided By | Attribute |
| Policy Period | Attribute |
| Loss/Expense Activity Group | Attribute |
| Reserve Activity Date | Attribute |
| Payment Activity Date | Attribute |
| **METRICS** |  |
| # Number of Claims |  |
| $ Net Incurred Amount |  |
| $ Payment Amount |  |
| $ Outstanding Reserve Amount |  |

**REPORTING SUBJECT AREA MATRIX:**

A bus matrix is a Data Warehouse planning model and tool created to convey the relationships between metrics and attributes. Using the reports identified in the Reserve Amounts subject area an ‘excerpt’ of the bus matrix was created to visualize the association between data elements.

The complete bus matrix and reporting subject area excel files are attached in the references section.



**VIEWING THE DATA** (How should the above data be sectioned and reported?):

The following views necessary for the Reserve subject area have been identified below. *A detailed description and design will be assessed during the Functional Design phase.*

**Incident/Claim Level Detail**

* Ability to view Net Incurred Amounts, Payment Amounts and Outstanding Reserve Amounts for a claim showing Ryder Locations, Insurance Accounting Product Line and Loss/Expense Activity Type Groupings.
* Ability to view Net Incurred Amounts, Payment Amounts and Outstanding Reserve Amounts for a claim with necessary detail by MTD, QTD, YTD.

**Summary/Aggregate Level**

* Count Number of Claims included within each aggregate amount for Incident Date, Ryder Locations, Insurance Accounting Product Lines.
* Ability to view and analyze Net Incurred Amounts for both trending and period over period for quarter and year, shown by Ryder Location, Insurance Accounting Product Line, and Activity Date.
* Compare Net Incurred Amounts quarter over quarter for current and prior year by Ryder Location, Insurance Accounting Product line for the past 6 years.

## Payment Detail & Summary

**SUBJECT AREA PURPOSE**:

A Payment Amount is a dollar amount paid towards Incurred Amounts and costs. The payment detail and summary subject area contains a collection of reports with payment data at the detail claim/claimant level and at a summary level.

The Payment Detail and Summary reporting subject area is used by the business throughout the month and heavily at month end for the purposes of analysis, research, balancing, exception reporting and Ryder Management reporting.

**KEY DRIVERS AND QUESTIONS ANSWERED:**

1. Payment Amounts by Incident Detail, Payment Detail and Ryder Locations with heavy user filtering capabilities for “end of month” or accounting cycle.
2. Claims with Payment Amounts over a defined amount. (I.e. Payment Amounts over $500,000 in current cycle).
3. Reporting and tracking on Number of Payments and Number of Checks and by Claim and Location.
4. Payment and Check totals by Payment/Check status and by bank.
5. Analysis and tracking of Recovery Amounts compared to Payment Amounts.

**PROMPTING AND ELEMENTS TO BE MADE AVAILABLE:**

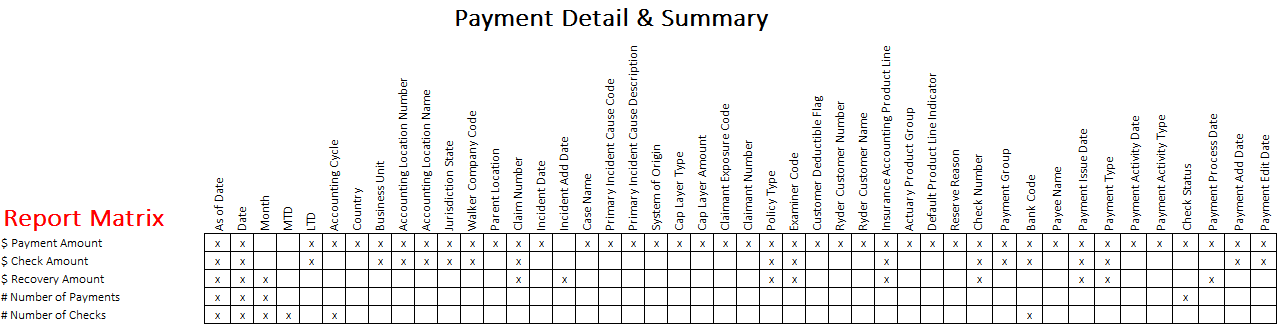
1. Users shall have the ability to select one or more elements from one or more attributes. The selected attributes shall be used to filter the data displayed for reporting. The elements to be available are listed in this subject area.
2. Users shall have the ability to select a specific date or date range in which to filter data to be seen.
3. A flexible, numeric prompt filter shall be available for users to enter a specific number, which shall be used as a filter or within a metric as a range or single value.
4. Payment Detail and Summary Reporting shall have the ability to be filtered on any location type in the Ryder Location Hierarchy.

| **DATA ELEMENT** |  |
| --- | --- |
| As of Date | Prompt / Attribute |
| Date | Prompt / Attribute |
| Month | Prompt / Attribute |
| Month to Date | Prompt / Attribute |
| Life to Date | Prompt / Attribute |
| Accounting Cycle | Prompt / Attribute |
| Country | Prompt / Attribute |
| Business Unit | Prompt / Attribute |
| Accounting Location Number | Prompt / Attribute |
| Accounting Location Name | Prompt / Attribute |
| Jurisdiction State | Prompt / Attribute |
| Walker Company Number | Attribute |
| Org Code 2 (Parent Location) | Attribute |
| Claim Number | Prompt / Attribute |
| Incident Date | Prompt / Attribute |
| Incident Add Date | Attribute |
| Case Name | Attribute |
| Primary Incident Cause Description | Attribute |
| System of Origin | Attribute |
| Cap Layer Type | Prompt / Attribute |
| Cap Layer Amount | Prompt / Attribute |
| Claimant Exposure | Attribute |
| Claimant Number | Prompt / Attribute |
| Policy Type Code | Prompt / Attribute |
| Examiner Code | Prompt / Attribute |
| Customer Deductible Flag | Attribute |
| Ryder Customer Number | Attribute |
| Ryder Customer Name | Prompt / Attribute |
| Insurance Accounting Product Line | Prompt / Attribute |
| Actuary Product Group | Attribute |
| Default Product Line Indicator | Attribute |
| Policy Group | Attribute |
| Reserve Reason | Attribute |
| Check Number | Attribute |
| Payment Group | Attribute |
| Bank Code | Prompt / Attribute |
| Payment Issue Date | Attribute |
| Payment Type | Attribute |
| Payment Category | Attribute |
| Payment Activity Date | Attribute |
| Payment Activity Type | Attribute |
| Check Control Number | Attribute |
| Check Status | Attribute |
| Payment Process Date | Attribute |
| Payment Add Date | Attribute |
| Payment Edit Date | Attribute |
| **METRICS** |  |
| $ Payment Amount |  |
| $ Check Amount |  |
| $ Recovery Amount |  |
| # Number of Payments |  |
| # Number of Checks |  |

**REPORTING SUBJECT AREA MATRIX:**

A bus matrix is a Data Warehouse planning model and tool created to convey the relationships between metrics and attributes. Using the reports identified in the Reserve Amounts subject area an ‘excerpt’ of the bus matrix was created to visualize the association between data elements.

The complete bus matrix and reporting subject area excel files are attached in the references section.



**VIEWING THE DATA:** (How should the above data be sectioned and reported?):

The following views necessary for the Reserve subject area have been identified during requirements and are noted below. *A detailed description and design will be assessed during the Functional Design phase.*

**Payment Detail Reporting**

* Open claims with Payment Amount greater than a certain amount by Insurance Accounting Product Line, Accounting Cycle, Ryder Location, and Incident Date.
* Check Payment Amount viewable by loss/expense group, bank, check number, issue date, payment type, payment category, coverage code, payee name, claim number, business unit and location number, location name, state, filtered on insurance accounting product line policy, walker company, primary incident type description, and cap layer.
* Recovery amount by policy group, insurance accounting product line, claim number, examiner number, issue date, check number, coverage code, payment type, process date.
* Payment Amount by process date, accounting cycle, activity type, loss/expense group, TBRS, location number, parent location number, default location indicator, insurance accounting product line, coverage, state, policy, exposure, payment type, claim number, examiner number, date of incident, bank, check number, check issue date, reserve reason, NLCO add date, NLCO edit date\* (all this detail is critical for Ryder Management Reporting) audit needs to see the above including actuary and case name.

**Payment Summary Reporting**

* Number of Checks by check status
* Check Amount by check status
* Number of Payments by Payment status by bank
* Payment Amount by bank
* Recovery Amount by bank

## Claim Cost Analysis

**SUBJECT AREA PURPOSE**:

The Claim Cost Analysis subject area’s purpose is to compares all activity on a claim by different levels of detail. The activities analyzed are Reserve Amounts, Incurred Amounts, Payment Amounts, Recovery Amounts, and Outstanding Reserve Amounts.

This subject area is critical due to the length of time and level of detail needed.

Claim Cost Analysis reporting is used for research, analysis and Ryder Management Reporting.

**KEY DRIVERS AND QUESTIONS ANSWERED:**

1. Tracking Reserve Amounts, Incurred Amounts, Payment Amounts, Recovery Amounts, and Outstanding Reserve Amounts at the Incident/Claim detail level. Each Amount listed above needs to have the ability to be broken down into Loss/Expense Types.
2. Tracking YTD Reserve Changes and Incurred Amounts for the past 10 years.
3. Viewing and analyzing the Incurred, Payment Amounts by Loss/Expense Types for Vehicle Types and Insurance Accounting Product Line.
4. Cost Analysis for claims where total Incurred Amount is greater than a defined amount by prior month, prior LTD, and current LTD.
5. Amounts and Counts of claims for Reserve Amounts, Recovery Reserve Amounts, Payment Amounts, Recovery Amounts and Incurred Amounts.
6. Calendar year activity report by month starting in January of 1991 to current for amounts and counts of claims with Reserve Amounts and Payment Amounts by Insurance Accounting Product Line Group.
7. Activity over a defined amount.
8. Claims by Ryder Location Hierarchy within a date range.
9. MTD Activity for Insurance Accounting Product Line Group.
10. Aggregate Amounts by Loss/Expense Type by Incident Year, Insurance Accounting Product Line Group, and Ryder Location Hierarchy.

**PROMPTING AND ELEMENTS TO BE MADE AVAILABLE:**

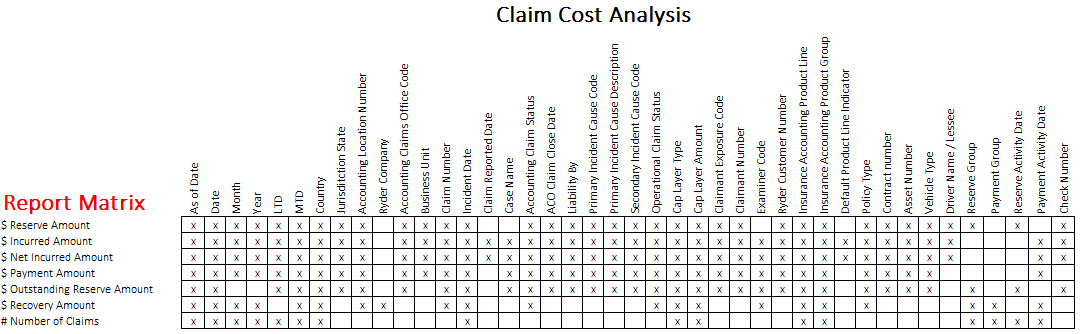
1. Users shall have the ability to select one or more elements from one or more attributes. The selected attributes shall be used to filter the data displayed for reporting. The elements to be available are listed in this subject area.
2. Users shall have the ability to select a specific date or date range in which to filter data to be seen.
3. A flexible, numeric prompt filter shall be available for users to enter a specific number, which shall be used as a filter or within a metric as a range or single value.
4. Claim Cost Analysis Reporting shall have the ability to be filtered by locations in the Ryder Location Hierarchy.

| **DATA ELEMENT** |  |
| --- | --- |
| As of Date | Attribute |
| Date | Prompt / Attribute |
| Month | Prompt / Attribute |
| Year | Prompt / Attribute |
| Life to Date | Prompt / Attribute |
| Month to Date | Prompt / Attribute |
| Country | Prompt / Attribute |
| Jurisdiction State | Prompt / Attribute |
| Accounting Location Number | Prompt / Attribute |
| Accounting Claims Office Code | Attribute |
| Ryder Company | Prompt / Attribute |
| Business Unit | Prompt / Attribute |
| Claim Number | Prompt / Attribute |
| Incident Date | Prompt / Attribute |
| Claim Reported Date | Attribute |
| Case Name | Attribute |
| Accounting Claim Status | Prompt / Attribute |
| ACO Close Date | Attribute |
| Liability By | Attribute |
| Primary Incident Cause Code | Attribute |
| Primary Incident Cause Description | Attribute |
| Secondary Incident Cause Code | Attribute |
| Operational Claim Status | Attribute |
| Cap Layer Type | Prompt / Attribute |
| Cap Layer Amount | Prompt / Attribute |
| Claimant Exposure Code | Attribute |
| Claimant Number | Attribute |
| Examiner Code | Attribute |
| Ryder Customer Number | Attribute |
| Insurance Accounting Product Line | Prompt / Attribute |
| Insurance Accounting Product Group | Prompt / Attribute |
| Default Product Line Indicator | Attribute |
| Policy Type | Attribute |
| Contract Number | Attribute |
| Asset Number | Attribute |
| Vehicle Type | Attribute |
| Driver Name/Lessee | Attribute |
| Reserve Group | Prompt / Attribute |
| Payment Group | Prompt / Attribute |
| Reserve Activity Date | Attribute |
| Payment Activity Date | Attribute |
| Check Number | Attribute |
| *Tax ID* | Attribute |
| **METRICS** |  |
| $ Reserve Amount |  |
| $ Incurred Amount |  |
| $ Payment Amount |  |
| $ Outstanding Reserve Amount |  |
| $ Recovery Amount |  |
| # Number of Claims |  |

**REPORTING SUBJECT AREA MATRIX:**

A bus matrix is a Data Warehouse planning model and tool created to convey the relationships between metrics and attributes. Using the reports identified in the Reserve Amounts subject area an ‘excerpt’ of the bus matrix was created to visualize the association between data elements.

The complete bus matrix and reporting subject area excel files are attached in the references section.



**VIEWING THE DATA:** (How should the above data be sectioned and reported?):

The following views necessary for the Reserve subject area have been identified below. *A detailed description and design will be assessed during the Functional Design phase.*

**Incident/Claim Detail**

* Top open claims with a Net Incurred Amount greater than a defined number with a by Insurance Accounting Product Line, Accounting Cycle, Ryder Location, and Incident Year.
* Claims in month with Incurred Amount over $1 million by Year End.
* Ability to compare all activity amounts for claims by loss/expense group by incident year, activity year, Ryder Location Hierarchy, customer name, customer number, policy, accounting claim status, NLCO claim status, unit number, reserve date, accounting close date, case name, number of claimants, examiner number, and insurance accounting product line.
  + Activity Amounts are Reserve Amounts, Incurred Amounts, Payment Amounts, Recovery Amounts, and Outstanding Reserve Amounts.
* Incurred Amounts by loss/expense group and for each insurance accounting product line by claim number, location number, incident date and primate incident description.
* Activity amount by activity type, claim number, examiner number, loss/expense group, product line, business unit, location number, incident date, unit number, payment type, check number greater than a defined amount.

**Summary**

* Average Net Incurred Amount by Customer and Ryder Location Hierarchy.
* Trending YTD Net Incurred Amount compared to prior 10 years by claim number, driver, country, Ryder Company, insurance accounting product line, policy, and incident date.
* YTD reserve amounts compared to prior 10 years by claim number, driver, country, Ryder Company, insurance accounting product line, policy, and incident date.
* Total incurred by vehicle type filtered on country, insurance accounting product line, and vehicle year and the ability to drill down to unit detail.
* Total Payment Amounts by loss/expense group vehicle type filtered on country, insurance accounting product line, and vehicle year.
* MTD, LTD, total Incurred Amount by loss/expense group for claims greater than a defined amount by incident year, claim number.
* MTD aggregates of Reserve, Incurred and Payment Amounts by loss/expense group by insurance accounting product line.

## Actuarial Analysis

**SUBJECT AREA PURPOSE**:

The reports used to create the Insurance Accounting Triangles which shows trending data year over year and by accounting period. The Insurance Accounting Triangles are capped to remove outliers and produce more accurate results.

Actuarial Analysis reports for MBM Claims require the MBM customer deductible to be ‘backed out’ of the reports.

**KEY DRIVERS AND QUESTIONS ANSWERED:**

1. The Net Incurred Amount will be used for actuarial analysis.
2. Ability to run Actuarial Analysis Reports by Insurance Accounting Product lines (Lease/Rental/Both). Today they are run by Product Line according to IAS.
3. Ability to drill down to the claim level.
4. Cumulative Expense Payment Amounts.
5. Cumulative Loss Payment Amounts.
6. Cumulative Reported Loss Incurred Amounts.
7. Cumulative Reported Expense Incurred Amounts.
8. Cumulative Reported Claim Count (only report on claims with financial activity).
9. Total Closed Claim Count.
10. Total Closed Claim Count with Loss Payment Amounts.

**PROMPTING AND ELEMENTS TO BE MADE AVAILALE:**

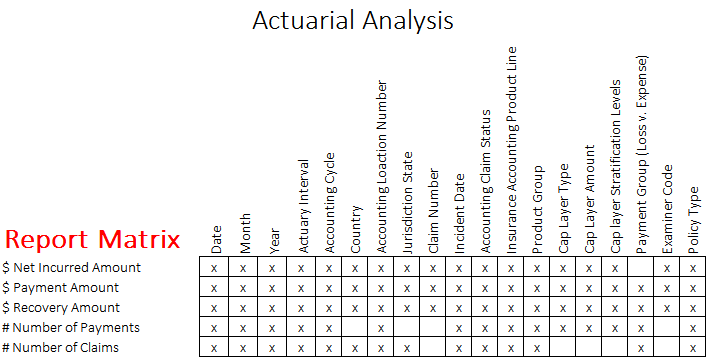
1. Users shall have the ability to select one or more elements from one or more attributes. The selected attributes shall be used to filter the data displayed for reporting. The elements to be available are listed in this subject area.
2. Users shall have the ability to select a specific date or date range in which to filter data to be seen.
3. A flexible, numeric prompt filter shall be available for users to enter a specific number, which shall be used as a filter or within a metric as a range or single value.
4. Actuarial Analysis Reporting shall have the ability to be filtered on any location type in the Ryder Location Hierarchy.

| **DATA ELEMENT** |  |
| --- | --- |
| Actuary Interval | Prompt / Attribute |
| Year | Attribute |
| Country | Prompt / Attribute |
| Accounting Location Number | Prompt / Attribute |
| Jurisdiction State | Prompt / Attribute |
| Claim Number | Attribute |
| Incident Date | Attribute |
| Accounting Claim Status | Prompt / Attribute |
| Insurance Accounting Product Line | Prompt / Attribute |
| Product Group | Attribute |
| Last Active Date | Attribute |
| Claimant Name | Attribute |
| Cap Layer Type | Prompt |
| Cap Layer Amount | Prompt |
| Payment Group | Prompt / Attribute |
| Accounting Cycle | Attribute |
| Examiner Code | Attribute |
| Policy Type | Attribute |
| Body Part | Attribute |
| Insured (Ryder) | Attribute |
| Reserve Group | Attribute |
| **METRICS** |  |
| $ Payment Amount |  |
| $ Reserve Amount |  |
| $ Auto Reserve Amount |  |
| $ Recovery Amount |  |
| $ Net Incurred Amount | (includes recovery) |
| # Number of Payments |  |
| # Number of Claims |  |

**REPORTING SUBJECT AREA MATRIX:**

A bus matrix is a Data Warehouse planning model and tool created to convey the relationships between metrics and attributes. Using the reports identified in the Reserve Amounts subject area an ‘excerpt’ of the bus matrix was created to visualize the association between data elements.

The complete bus matrix and reporting subject area excel files are attached in the references section.



*There is no actuarial analysis run on Property/Cargo claims.*

**VIEWING THE DATA:** (How should the above data be sectioned and reported?):

Due to the critical nature of the Actuarial Analysis subject area necessary views shall be identified during the Functional Design Phase. *A detailed description and design will be assessed during the Functional Design phase.*

## Risk Management

**SUBJECT AREA PURPOSE**:

The following subject area is made up of reports produced for the Risk Management department and for the purpose of forecasting, risk management analysis and, financial risk analysis.

Average Severity Reporting for Insurance Accounting for Liability and Property is completed Workday1 by calendar year.

*Average Severity (1) = Capped Claim Cost / # of Claims*

*Average Severity (2) = Total Claim Cost / # of Claims*

**KEY DRIVERS AND QUESTIONS ANSWERED:**

1. Average Claim Severity by month, quarter, year.
2. Ability to break out Reserve Amount, Incurred Amount and Payment Amount by Loss/Expense Type and drill down into the level of Bodily Injury and Property Damage.
3. Number of claims with a ‘new’ reserve by year.
4. Average Number of Claims within a time period.
5. Average Number of Net Incurred within a time period by Ryder Location Hierarchy.

**PROMPTING AND ELEMENTS TO BE MADE AVAILALE:**

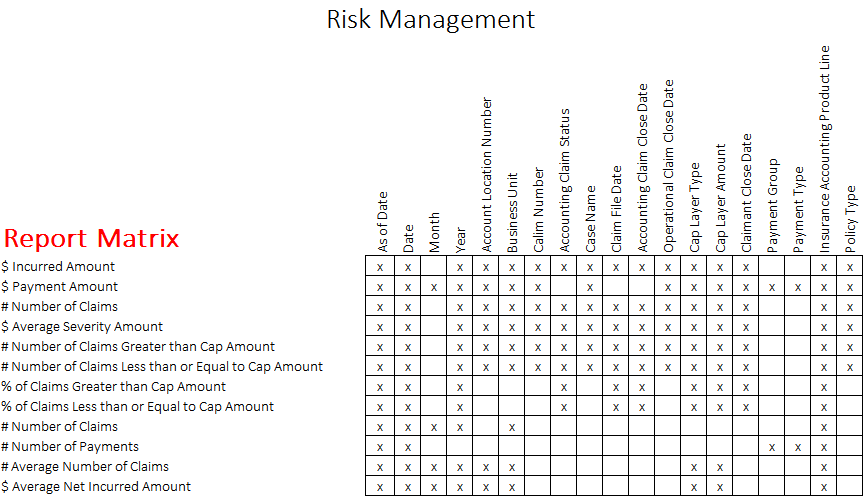
1. Users shall have the ability to select one or more elements from one or more attributes. The selected attributes shall be used to filter the data displayed for reporting. The elements to be available are listed in this subject area.
2. Users shall have the ability to select a specific date or date range in which to filter data to be seen.
3. A flexible, numeric prompt filter shall be available for users to enter a specific number, which shall be used as a filter or within a metric as a range or single value.
4. Actuarial Analysis Reporting shall have the ability to be filtered on any location type in the Ryder Location Hierarchy.

| **DATA ELEMENT** |  |
| --- | --- |
| As of Date | Prompt / Attribute |
| Date | Prompt / Attribute |
| Month | Prompt / Attribute |
| Year | Prompt / Attribute |
| Accounting Location Number | Prompt / Attribute |
| Business Unit | Prompt / Attribute |
| Country | Prompt / Attribute |
| Claim Number | Attribute |
| Case Name | Attribute |
| Accounting Claim Status | Prompt / Attribute |
| Claim File Date | Attribute |
| Accounting Claim Close Date | Attribute |
| Operational Claim Close Date | Attribute |
| Cap Layer Type | Prompt / Attribute |
| Cap Layer Amount | Prompt / Attribute |
| Claimant Close Date | Prompt / Attribute |
| Payment Group | Prompt / Attribute |
| Payment Type | Prompt / Attribute |
| Insurance Accounting Product Line | Prompt / Attribute |
| Policy Type | Attribute |
| **METRICS** |  |
| $ Incurred Amount |  |
| $ Average Severity |  |
| $ Payment Amount |  |
| # Number of Claims Greater than Cap Amount |  |
| # Number of Claims Less than or Equal to Cap Amount |  |
| % Percent of Claims Greater than Cap Amount |  |
| % Percent of Claims Less than or Equal to Cap Amount |  |
| # Number of Claims |  |
| # Number of Incidents |  |
| # Average Number of Claims |  |
| $ Average Net Incurred Amount |  |

**REPORTING SUBJECT AREA MATRIX:**

A bus matrix is a Data Warehouse planning model and tool created to convey the relationships between metrics and attributes. Using the reports identified in the Reserve Amounts subject area an ‘excerpt’ of the bus matrix was created to visualize the association between data elements.

The complete bus matrix and reporting subject area excel files are attached in the references section.



**VIEWING THE DATA:** (How should the above data be sectioned and reported?):

The following views necessary for the Reserve subject area have been identified below. *A detailed description and design will be assessed during the Functional Design phase.*

**Detail**

* Incurred amount by loss/expense group by claim number, business unit location number, policy, insurance accounting product line, case name, incident date, accounting close date.
* Payment amount by loss/expense group by claim number, business unit, location number, policy, insurance accounting product line, case name, incident date, accounting close date.

**Summary**

* Average number of ‘new’ claims.
* Number of claims by claim status greater than, equal to, or less than a defined cap amount.
* Number of Claims for selected year by month by Insurance Accounting Product Line and Ryder Location Hierarchy.
* Net incurred amount greater than, equal to, or less than a defined cap amount
* % of claims greater than, equal to, or less than a defined cap amount.
* Average Net Incurred Amount by a period of time by Ryder Location Hierarchy.

## Exceptions

**SUBJECT AREA PURPOSE**:

Current reporting has a series of exception reports based on data anomalies which can occur in the current environment. Some of these reports might not be needed or new ones might need to be created depending on the new system validation, editing functionality, and the capabilities of iVOS system reporting.

Depending on the structure of report design and the exceptions being reported, they may be captured in previous subject area visualizations. That shall be decided in the Functional Design phase.

**KEY DRIVERS AND QUESTIONS ANSWERED:**

1. Claims by Claim Status by Unit Number (Open Claims with the same Unit Number in Multiple Accidents on the Same Day)
2. Insurance Claims with Defaulted Values (i.e. 999999)
3. Claims with Negative Ending Reserves *(currently, this is occasionally caused by a system error, may be eliminated in future)*
4. Any new or updated Front-End Transaction (or Data Validation) Reporting
5. Claims no longer greater than $500,000 in Loss
6. Open claims with NO financial activity by Examiner
7. Insurance Claimant Exceptions from all Product Lines by Examiner with mismatched amounts
8. System Year to Date Payment Data Exceptions by Claim
9. Month to Date Accounting and Operational Reserve Balancing *(this is a system balancing report).*
10. Month to Date Accounting and Operational Payments Balancing *(this is a system balancing report).*

**PROMPTING AND ELEMENTS TO BE MADE AVAILALE:**

System and User Prompting is to be decided. The creation of this subject area depends on the structure of report design and the exceptions that shall be reported on. Some of the current reports may not be needed or new ones might need to be created depending on the new system validation, editing functionality, and the capabilities of iVOS system reporting.

**REPORTING SUBJECT AREA MATRIX:**

A bus matrix was not created for the Exception reporting subject area because of uncertainty around what exceptions will need to be reported on in the future state. This area shall be analyzed and updated as development progresses.

**VIEWING THE DATA:**

It is to be decided how the data will be viewed depending on the capabilities of the MicroStrategy tool.

# Appendix

## Data Interface Files and Business Rules

Data files considered in scope for this phase of the project are documented below. *A more detailed analysis can be found in the Data Integration Business Rules document attached in the reference section.*

Interface files, Interface Control Reports, and Reports that will be migrated or retired before the iVOS go-live are confirmed to be considered out of scope and therefore not included in this iteration of the report analysis.

| **#** | **FILE/DATA SET INFO** | **SOURCE** | **DIRECTION (from hub)** | **COMPLEXITY** | **FUNCTIONALITY TYPE** |
| --- | --- | --- | --- | --- | --- |
| 1 | DSN=P.IN760D02.GL100LTX(0) | General Ledger | Outbound | High | Existing |
| 2 | DSN=P.IN077R13.IN110JNM, IN077R13\_MCL\_SSC\_BILLING.DOC'  \*FIF\* Used to be a Report, may become an interface | FIS | Outbound | Medium | Needs Remediation |
| 3 | DSN=P.RM179D02.IN751R01.FIELDMGT , 'IN751FLD\_###.DOC' | Lotus Notes Safety | Outbound | Low | Needs Remediation |
| 4 | DSN=P.RM179D03.IN751R01.SCS 'IN751SCS\_###.DOC' | Lotus Notes Safety | Outbound | Low | Needs Remediation |
| 5 | P.RM179D04.IN751R01.OTHER 'IN751OTH\_###.DOC' | Lotus Notes Safety | Outbound | Low | Needs Remediation |
| 6 | DSN=P.IN751D04.CSV(0) is sent , 'IN751ALL\_###.CSV' | Lotus Notes Safety | Outbound | Low | Needs Remediation |
| 7 | DSN=P.RM178D20.IN077R24.IN110JNM , IN077R24\_MCL\_AFFL.DOC' | Lotus Notes Safety | Outbound | Low | Needs Remediation |
| 8 | DSN=P.RM178D20.IN187R01.IN110JNM , 'IN187R01\_MCL\_RIL.DOC' | Lotus Notes Safety | Outbound | Low | Needs Remediation |
| 9 | IAS DB2 table 'V45DWRHS' | EDW | Outbound | Medium | Needs Remediation |
| 10 | Maintain IAS DB2 table 'V45DWRHS' | DB2 | Outbound | Medium | Needs Remediation |
| 11 | Extractes from IAS DB2 table 'V45DWRHS' | LMW | Outbound | Medium | Needs Remediation |
| 12 | DSN=P.IN205D03.CBDLYCHK(0) | CitiBank | Outbound | Low | Existing |
| 13 | DSN=P.IN122D04.AREA(0) and DSN=P.IN122D31.CITIBNKW(0) are pulled into legacy Bank Reconciliation System | Bank Recon. | Outbound | Low | Needs Remediation |
| 14 | DSN=P.IN401D15.IRS1099.CURR.ALGLRIA and DSN=P.IN401D45.IN410JNA.PRC109 | Accounts Payable | Outbound | High | Existing |
| 15 | DSN=P.IN568D05.CSV(0) , 'IN568D05.CSV' | RIDE – Insurance | Outbound | High | Existing |
| 16 | DSN=P.IN569D05.CSV(0) , 'IN569D05.CSV' | RIDE – Insurance | Outbound | High | Existing |
| 17 | DSN=P.RM160D01.RM160JNW.MBMLOSS(0) --> 'RM160D01\_WEEK-##.CSV' | MBM | Outbound | High | Needs Remediation |
| ~~18\*~~ | ~~DSN=P.RM109D01.CLAIM(0) , 'ICH\_CLAIM.CSV'~~ | ~~RIA~~ | ~~Outbound~~ | ~~Low~~ | ~~Needs Remediation~~ |
| ~~19\*~~ | ~~DSN=P.RM109D02.CLAIMANT(0) , 'ICH\_CLMNT.CSV'~~ | ~~RIA~~ | ~~Outbound~~ | ~~Low~~ | ~~Needs Remediation~~ |
| ~~20\*~~ | ~~DSN=P.RM109D01.CLAIM(0) , 'ICH\_TRANS.CSV'~~ | ~~RIA~~ | ~~Outbound~~ | ~~Low~~ | ~~Needs Remediation~~ |
| 21\* | DSN=P.RM119D01.ORIC.RIA(0) , 'ORIC\_RIA\_RM119D01.CSV' | RIA | Outbound | Low | Needs Remediation |
| 22\* | DSN=P.RM117D06.CHARTIS.CLAIM(0) , 'RM117D06\_CHARTIS\_CLAIM.TXT' | RIA | Outbound | High | Needs Remediation |
| 23\* | DSN=P.RM117D07.CHARTIS.PAYMENT(0) , 'RM117D07\_CHARTIS\_PYMNT.TXT' | RIA | Outbound | High | Needs Remediation |
| 24 | DSN=P.INUNCAP.IN176D##.%%%%%%%% --> IB176%%%.CSV except DSN=DSN=P.INUNCAP.IN176D91.ALL(0) --> IB176D91\_ALL\_UNCAPPED.CSV | Reserve Pro Actuaries | Outbound | High | Needs Remediation |
| 25 | DSN=P.INUNCAP.IN176D##.FILTERED.%%%%%%%% --> IY176%%%.CSV  except DSN=DSN=P.INUNCAP.IN176D91.EXCL(0) --> IY176D91\_EXCL\_UNCAPPED.CSV | Reserve Pro Actuaries | Outbound | High | Needs Remediation |
| 26 | DSN=P.IN176D##.%%%%%%%% --> IN176%%%.CSV  except DSN=DSN=P.IN176D91.ALL(0) --> IN176D91\_ALL\_01MIL.CSV | Reserve Pro Actuaries | Outbound | High | Needs Remediation |
| 27 | DSN=P.INUNCAP.IN176D##.FILTERED.%%%%%%%% --> IX176%%%.CSV  except DSN=DSN=P.IN176D91.EXCL(0) --> IX176D91\_EXCL\_01MIL.CSV | Reserve Pro Actuaries | Outbound | High | Needs Remediation |
| 28 | 1) DSN=P.IN176D11.IN195JNM.RTS(0), DSN=P.IN176D13.IN195JNM.SERVICE(0) --> IN195RTS.CSV and N195SRV.CSV  2 ) SN=P.IN176D91.IN195JNM.ALL(0)-->IN176D91\_IN195MBM\_DEDUCT.CSV | Reserve Pro Actuaries | Outbound | High | Needs Remediation |
| 29 | DSN=P.INOVR1M.IN176D91.ALL(0) --> IN176D91\_ALL\_OVER1M.CSV | Reserve Pro Actuaries | Outbound | High | Needs Remediation |
| 30 | Incident | iVOS | Inbound | High | Existing |
| 31 | Claimant | iVOS | Inbound | High | Existing |
| 32 | Reserve | iVOS | Inbound | High | Existing |
| 33 | Contact | iVOS | Inbound | High | Existing |
| 34 | Vehicle | iVOS | Inbound | High | Existing |
| 35 | Payment | iVOS | Inbound | High | Existing |
| 36 | 1099DATA.CSV | iVOS | Inbound | High | Existing |
| 37 | \*NEW\* Interface to IAS Chargeback WD |  | Outbound |  |  |
| 38 | \*NEW\* Interface to IAS Chargeback ME Adjustments |  | Outbound |  |  |
| 39 | \*NEW\* Interface to IAS Chargeback Premium Processing WD 6 |  | Outbound |  |  |
| 40 | Daily Control File | RM100D08 | Significant Control for Insurance Accounting & Integration ensuring no duplicate data |  |  |

## Conceptual Data Flow

During the design phase of the Liability and Insurance Accounting Reporting project a conceptual data flow will be developed.

## Future Phase Requests and Documentation

The following requested by the business have been documented during the requirements phase of the Insurance Accounting project but have been deemed not in scope or ‘not possible’ based on this iteration of the project. They are recorded in this section for possible future use.

* Ability to book case reserves to two different General Ledger accounts.
* Ability for inter-country conversion. Walker does not perform a monetary translation from US to Canadian dollars – there is no conversion currently. There is a Translation Journal Entry performed once a month to balance GL. *(This could happen if the incident occurs in Canada but Ryder uses a US attorney, or the domicile is in Canada but the incident* happens in the US.)
* Currently payments $0-$3M are booked to the same general ledger account.  On a monthly basis the portion belonging to $0-$1M and $1M-3M is manually calculated. The $1M-$3M is moved through manual JVS.  In the future it would be ideal for the payments to be booked automatically to different account. *Booking the payments to different GL accounts will need to be analyzed further in a following iteration of this project. (10/24)*
* Analysis of IN760R05 (Balance Chargebacks to Corporate Recap) for mini closings.
* Amounts over $1,000,000 are manually analyzed, calculated and entered as a Journal Entry currently. The ability to automatically calculate and create a JE in the future state.
* Analysis and possible automation of the ‘Roll Forward’ process.
* Currently an excel file for payments is manually updated, sourced from Corporation Recaps report, IN078R01.  This file is used to book entries in Globe Master & Road Master (Risk Management). The file is also used for the BIPD Requirement schedule.  It will be ideal to get the payments in a similar format to avoid manual data entry to excel.  (10/24)

*Format was attached to email from 10/24, use for reference. Will need to talk with MicroStrategy team about export format of reports during design phase.*

* The metric ‘Frequency of Incidents’ is manually calculated by the business today using data from chargeback reports. It would be ideal if this metric could be calculated in the back end.   
  *Because ‘# of Insured Miles’ is sourced from an out of scope system, this metric is not possible in the current phase and shall be covered with Chargebacks and the associated processes are analyzed in a separate phase of the Insurance Accounting Reporting Project (10/20/16)*
* The ability to include or exclude any customer deductible amounts when running Insurance Accounting reports to calculate Ryder’s ‘true cost’. Currently, the Customer Deductible Amounts are being manually backed out by Insurance Accounting.  
  Customer Deductible Amount is not a validated field in iVOS therefore reporting using this metric cannot be considered reliable.

* The ability to report on contract data for lease rental and customer deductible amount.   
  *Contract Number and related contract data is in iVOS but it is not a mandatory field for NLCO - it can possibly be brought in from the Ryder Contract system in a separate phase.*
* A manual calculation is done today to get # of insured miles this to be calculated on the backend to minimize manual effort.
* Reversals need to be addressed in a future iteration of the project.
* A detail analysis of property cargo. Currently the business is manually charging a $10K deductible for FMS claims and SCS and DTS claims over $50K.  Charging the appropriate deductible and accrue for the difference in reserves is a manual process.
* The business reviews and analyzes each open claim for increases or decreases in incurred amounts. Where are these tracked? Are they being flagged or are they being documented?
* Ability to link Insurance Accounting Claims to Worker’s Compensation claims all the way through the system(s). *This is possible if they share a IMS number or Claim number.*
* Period over Period Variances are completed manually today in order to create parts of the Risk Management Quarterly Presentation and General Ledger postings. *Because GL and the Risk Management Quarterly Presentation are out of scope for this iteration of the project, this shall be analyzed at a later date.*
  + “Period over Period Variance for $ Incurred Amount Quarterly and Annually”. (KF)
* The following data elements are being brought into the Data Warehouse from the daily iVOS Batch Export. Currently they are not mandated and validated fields in the source system. They have been requested by the business for future reporting:
  + FIS Field Claim Number
  + Master Claim Indicator
  + Choice Lease Code
  + Contract Policy Limit
  + Ryder Driver Type Code
  + Violation Code

## Additional Reports and Data Sources Documented for Possible Future Phases

The following reports and data sources are documented for traceability and knowledge for possible future phases of the Insurance Accounting Reporting project. They are considered out of scope for this phase of the project.

Reports and metrics derived solely from the Quarterly Corporate Risk Management Presentation are included below. They are considered out of scope for this integration of the project and report analysis will be analyzed at a future date.

| **FILE NAME** | **REPORT #** | **DESCRIPTION** | **COMPLEXITY** |
| --- | --- | --- | --- |
|  | IN788R01 | Chargeback Related |  |
| Source of Rebates/ (Surcharges) – US & Canada | N/A | Quarterly RM | N/A |
| Source of Rebates/ (Surcharges) by Segments | N/A | Quarterly RM | N/A |
| Self-Insurance Reserves Analysis | N/A | Quarterly RM | N/A |
| Summary of Self-Insurance Reserves | N/A | Quarterly RM | N/A |
| Combined W/C and BI/PD Reserve Status | N/A | Quarterly RM | N/A |
| FMS Insurance Program Results – US & Canada | N/A | Quarterly RM | N/A |
| Cost of Risk, current year actual vs. prior year actual | N/A | Quarterly RM | N/A |
| Employee Injury/ Illness Summary – US only, excluding denied claims | N/A | Quarterly RM | N/A |
| Worker’s Compensation Expense Results | N/A | Quarterly RM | N/A |
| BI/PD Flash Report US & Canada | N/A | Quarterly RM | N/A |
| Total BI/PD Expense | N/A | Quarterly RM | N/A |
| Road Master BI/PD reinsurance Agreements still in Effect (Not Commuted) as of date | N/A | Quarterly RM | N/A |
| Reinsurance Statistics | N/A | Quarterly RM | N/A |

## Definitions, Acronyms and Abbreviations

The definitions, acronyms and abbreviations section assist in bringing together associates of different backgrounds, specialties and experience by providing a common understanding of terminology used throughout this document.

To view a full Ryder Insurance Accounting Data Dictionary of all data element terms and definitions, please see the attached Data Dictionary in the ‘References’ section.

| **TERM** | **DEFINITION/ DESCRIPTION** |
| --- | --- |
| **BUSINESS UNIT, VENDOR AND DIVISION TERMS** | |
| Corporate | Ryder Systems, Inc. |
| BI&A | Business Intelligence and Analytics (Department) |
| WNS | Consulting firm that manages workshops & produces Kaizen documents (Vendor) |
| DTS | Dedicated Transportation Solutions (Division) |
| FMS | Fleet Management Services (Division) |
| SCS | Supply Chain Solutions (Division) |
| CSS | Central Support Services |
| MBM | Meadow Brook Meats (customer), Large Ryder insurance customer acquired by McLane. Liability & physical damage insurance is now customer provided, no longer through Ryder. |
| NLCO | Ryder’s National Liability Claims Office (Internal) |
| Chartis | Last insurance Underwriter for Ryder’s discontinued RIA product |
| ADP | Automatic Data Processing (Vendor) |
| RIA | Ryder Insurance Advantage, an insurance product offering |
| Ventiv | Provider of iVOS (Vendor) |
| SAP | (Vendor) |
| FIS | FMS Field Installed Systems |
| SSC | Ryder’s Shared Services Center located in Alpharetta, GA |
| ISPF | Interactive System Productivity Facility (ISPF) is a software product for the z/OS operating system that runs on IBM mainframes. |
| IBNR | In insurance, incurred but not reported (IBNR) claims refers to the amount owed by an insurer to all valid claimants who have had a covered loss but have not yet reported it. Since the insurer knows neither how many of these losses have occurred, nor the severity of each loss, IBNR is necessarily an estimate. |
| IRS | Internal Revenue Service |
| OSHA | United States Department of Labor - Occupational Safety And Health Administration. This organization performs inspections for compliance purposes. |
| ORIC | Old Republic Insurance Company  (vendor) |
| **SYSTEM TERMS** | |
| DB | Database |
| IAS | Refers to both a team and a Ryder application processed that support Ryder’s liability & property insurance programs including insurance chargeback processing.  Also, potential use for support of physical damage insurance claims in the future. |
| VA | Ryder’s Vehicle Administration application system |
| SAM | Strategic Asset Management |
| Pyramid | The current claims administration application for processing liability and property damage claims.  There is a current initiative to sunset pyramid and upgrade to iVOS |
| Walker | Internal Financial System for Accounts Payable |
| FOCUS | FOCUS is a computer programming language and development environment. It is a language used to build database queries, and is regarded as a fourth-generation programming language (4GL). Produced by Information Builders Inc., it was originally developed for data handling and analysis on the IBM mainframe. |
| Ride | Ryder Intranet |
| Reserve Pro | 3rd party software used for Actuarial Analysis. The Insurance Accounting processes have data feeds to this application. |
| ERD | Entity Relational Diagram |
| EDW | Enterprise Data Warehouse; the old warehouse in the process of being sunset |
| RDW | Ryder Date Warehouse; the new warehouse that will now support all Ryder data warehouse reporting needs |
| CWP | Customer Web Portal |
| MicroStrategy | Single User Interface For All BI&A Reporting and Data Access |
| IMS | Ryder’s Incident Management application system, this is the current system for reporting insurance related incidents for SCS/DTS. |
| iVOS | Claim Management software provided by Ventiv. This new system will process liability, personal damage, physical damage, property damage claims. iVOS solution will replace Pyramid, BI/PD Accident Reporting, NLCO MS/Access reports, Standard Register Check Printing, MS/Access CMS processing and other MS/Access facilities which currently support Ryder’s  Pyramid environment. |
| **GENERAL** | |
| BI | Bodily Injury |
| PD | Property Damage |
| PhD | Physical Damage |
| FNOL | First Notice of Loss |
| NCE | No Claim Expected |
| PIP | Personal Injury Protection |
| PYTD | Prior Year to Date |
| POP | Period over Period variance - can be month over prior month, month over month from prior year, year-to-date over year-to-date, etc. |
| JV | Journal Voucher |
| Recon | Reconciliation |
| LBU | Logical Business Unit (FMS) Note:  SCS/DTS roll up to Teams & General Managers instead of BUs |
| ALAE | Adjuster & Legal Expenses associated with administration & settlement of a claim |
| AP | Accounts Payable |
| BIPD | Bodily Injury/ Property Damage |
| Triangle | The data comes out in a triangle form; loss over a period of year; used by actuaries |
| TPA | Third Party Administrator |

## References

1. Insurance Accounting Kaizen Workbook – WNS (.doc)
2. INMCEXT – IAS Summary Master File Definition (.xls)
3. IA Reporting Requirements (.xls)
4. IN370D93\_EOM\_TRANS – Sample Data (.xls)
5. IN372D91\_CLAIMS-RECENT\_UNCAP – Sample Data (.xls)
6. IT Policy (for Sensitive Date) – Attached below



1. Data Integration Claimant Type Keys and Structure:



1. Insurance Accounting Data Dictionary:



1. Data Integration Business Rules and Technical Requirements:



# Success Criteria

During the more detailed analysis of the Liability and Insurance Accounting Reporting project a success criteria flow will be developed and agreed upon by the business.

1. Data within the Ryder data warehouse and in all MicroStrategy visualizations accurately report what is in iVOS and IAS historical data.
2. All data elements within the (iVOS and IAS environment / current Insurance Accounting Reporting environment) are available in a self-service component.
3. Manual reporting has been substantially reduced via visualizations that require little or no manipulation.
4. Improved visibility for corporate management, Insurance Accounting management, Insurance Accounting staff, Risk Management and Staff, Safety teams, Field teams, and the National Liability Claims Office (NLCO) to information within iVOS and Pyramid.
5. Tracking of claim activity for audit purposes.